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Australian psychologists' perceptions and experiences of client threats

Penny Hyde
Edith Cowan University

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Australian psychologists' perceptions and
experiences of client threats

Penny Hyde

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Australian Psychologists' Perceptions and Experiences of Client Threats

Penny Hyde

Doctor of Philosophy

Faculty of Health, Engineering and Science

Edith Cowan University

Date of Submission: February 2014

ABSTRACT

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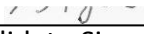
There is empirical evidence that workplace violence is increasing, particularly in settings where health care professionals such as psychologists are employed, and often these incidents are perpetrated by clients. Given that client violence can have wide ranging and serious consequences, it is not surprising that researchers are focussing on this issue. One notable finding is that psychologists feel that they do not have the training or confidence to manage the violent behaviour of clients. A review of the relevant literature was undertaken to determine why psychologists feel ill prepared for such incidents. Whilst there is a wide range of definitions of client violence, it appears that many of the professionals' concerns about various forms of client behaviour go beyond these definitions of violence. There is an array of client behaviours that make professionals feel their wellbeing is at risk which fall outside the general definition of violence. Consequently, the term *client threats* may be more appropriate. There is no research in which psychologists were directly asked what client interactions they perceived as putting their wellbeing at risk and, without this information, professional advice to them may not be effective. The purpose of this research project was to determine psychologists' experiences and perceptions of client threats. Stage 1 included interviews with 45 psychologists which indicated that their experiences and perceptions of client threats could be best conceptualised by developing a preliminary theory of client threat. In stage 2 a Delphi approach, with a panel of experts, helped formulate a modified Client Threat Theory that proposes a three phase model outlining the process through which psychologists experience these threats. This theory begins with a client behaviour being observed and conceptualised as a threat (activation phase), then influential factors are assessed (risk assessment), and lastly a management plan is formulated and applied in response to the threat (execution phase). This research project also provides a detailed understanding of how the participating psychologists experienced client threats. It was discovered that threatening experiences were triggered by more than violent client behaviours and that a term broader than violence was needed to encompass these experiences. The types of threats reportedly experienced by participants were physical, sexual, verbal,

psychological, reputational, and financial in nature. Participants also reported feeling threatened when they perceived that a client behaved in a threatening manner towards people known to them, such as colleagues and family members. This provides a basis from which future researchers could develop a comprehensive definition and theory of client threat, along with efficient and effective tools to reduce its occurrence and deal with it more effectively.

SIGNED DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

- i. incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;
- ii. contain any material previously published or written by another person except where due reference is made in the text of this thesis; or
- iii. contain any defamatory material;



Candidate Signature

11/02/2014

Date

ACKNOWLEDGEMENTS

As with all theses, I was not able to put this document together without the input and guidance from a number of people. This is my opportunity to show my appreciation for their support throughout this process. My first thank you goes to the psychologists who gave up their valuable time to contribute to my research. Every contribution was extremely valuable, and without it I simply would not have been able to complete this research. The other people instrumental in the completion of this thesis were my supervisors, Alfred and Ricks Allan. They both provided me with endless opportunities to learn and grow as a researcher and a professional. I am grateful for all of the time that they invested in both me and my thesis. Most of all, their understanding and support through the tough patches was very much appreciated.

My family have been a source of great comfort and support over the years that it has taken me to complete this thesis and I am truly grateful for their continual encouragement. I want to thank my mum for all of the time she spent alongside me with the floor covered in diagrams and drawings making sure that my interpretations and conclusions were logical, for reading draft after draft to ensure that what I was writing made sense, and for her emphatic insistence that I would finish this thesis. I would like to thank my dad for always being only a phone call away and taking great interest in my work. Thanks to my brother for regularly checking that I was on track and providing great company during endless days of writing. I also want to thank my husband for his infinite belief in my abilities and supporting me so that I was able to prioritise my thesis.

My final thanks go to my colleagues who not only provided much needed help, but also made the whole journey an unforgettable experience. In particular, I would like to thank Emily Tilbrook, Claire Roockley, Francesca Bell, Amy McAlpine, and Brent Munro.

SELF-REFLECTIVE STATEMENT

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To ensure transparency regarding any factors that may influence the objectivity of the researcher in this qualitative research project I record that at the time that this research was conducted I was a post-graduate clinical and forensic psychology student. I had some knowledge of client threat situations occurring as a result of this university training. However, I had never personally experienced a client threat or heard a colleague recount a client threat experience. Before this research was undertaken I did have a limited familiarity with violence theories and research due to my undergraduate studies in criminology. I became aware of the potential client threats psychologists may experience while doing a professional practice and ethics unit during my first year as post graduate student.

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CHAPTER 1:

INTRODUCTION

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Incidences of workplace violence are reported to be increasing, not only in frequency, but also severity (Fernandes et al., 1999), with studies exploring these occurrences suggesting that a significant portion of these violent incidences, in health settings, are carried out by a client of the victim (see Aydin, Kartal, Midik, & Buyukakkus, 2009; Farrell, Bobrowski, & Bobrowski, 2006; Ferns & Meerabeau, 2009; Kamchuchat, Chongsuvivatwong, Oncheunjit, Yip, & Sangthong, 2008; Privitera, Weisman, Cerulli, Tu, & Groman, 2005). Health care professionals, such as psychologists, are at particular risk of experiencing such violence, largely due to their interactions with individuals who are emotionally distressed or disturbed (Allan, 2008). Researchers confirm that client violence is relatively common within the psychology profession (see Brendzal, 2001; Guy, Brown, & Poelstra, 1990), with prevalence rates as high as 81% being reported for incidences of client abuse (Tryon, 1986).

Client violence is an important issue for psychologists because of the array of consequences that can be subsequently experienced. The possible physical impacts can range from fatigue (Hogh & Viitasara, 2005) and physiological stress responses (Fry, O'Riordan, Turner, & Mills, 2002; Hogh & Viitasara, 2005; Littlechild, 2005) through to physical injuries of varying degrees (Fry et al., 2002; Gates, Ross, & McQueen, 2006). Psychological consequences can also be experienced which include intense immediate emotional reactions (Arthur, Brende, & Quiroz, 2003; Franz, Zeh, Schablon, Kuhnert, & Nienhaus, 2010; Hogh & Viitasara, 2005) and longer term consequences, such as a generalised decrease in emotional wellbeing and stability (Fry et al., 2002; Guy, Brown, & Poelstra, 1991; Hogh & Viitasara, 2005; Mayhew & McCarthy, 2005), anxiety over the future wellbeing of themselves and those close to them (Criss, 2010; Fry et al., 2002; Guy & Brady, 1998; Newhill & Wexler, 1997), and various acute or post-traumatic stress symptoms (Dalton & Eracleous, 2006; Hogh & Viitasara, 2005; Warren, 2006). In addition to these personal consequences, client violence can also impact the psychologist's professional practices that could ultimately

lead to the provision of sub-standard services (Flannery, Hanson, & Penk, 1995; Guy, Poelstra, & Stark, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987).

With the possibility of such a wide range of serious consequences being experienced by psychologists, as a result of client violence, there is a clear need to prevent, and if that is not possible, manage client violence effectively. However, research suggests that psychologists have a limited capacity to predict client violence. Some researchers (see Monahan, 1981; Quinsey, Harris, Rice, & Cormier, 1998; Werner, Rose, & Yesavage, 1983) suggest that psychologists are unable to predict violent client behaviour directed towards others at a rate better than chance, particularly when relying on unstructured clinical judgement. In regards to predicting violence towards the psychologist, Bernstein (1981) found that therapists were only able to predict a confrontation with their client in 16 out of 187 possible occasions (8.6% of the time). With psychologists' limited capacity to predict client violence, a thorough knowledge and the effective implementation of prevention and management techniques become all the more critical.

There are many research projects investigating client violence and scholarly writing about possible management techniques. Researchers outline techniques that can be used to prevent the occurrence of client violence (see Fry et al., 2002; Guy, Brown, & Poelstra, 1992; Magin, Adams, & Joy, 2007), manage a violent client situation (see El-Gilany, El-Wehady, & Amr, 2010; Franz et al., 2010; Newhill, 2002), and deal with the aftermath of client violence (see Farrell et al., 2006; Fong, 1995; Ting, Jacobson, & Sanders, 2008). However, despite this research and scholarly literature, post-graduate psychology students are reporting that they have not been adequately trained in dealing with client violence and have a low level of confidence in working with potentially aggressive clients (Gately & Stabb, 2005). This appears to be a pattern that continues through psychologists' careers, with Pope and Tabachnick (1993) finding that of the 600 psychologists they surveyed, 83 % reported they had felt afraid that a client may attack them. Ogloff (2006) also concluded that "psychologists are typically ill equipped - from both their training and experience - to accurately identify and manage clients who are at risk for violence" (p. 12).

An analysis of the client violence research and scholarly literature was therefore undertaken to determine why psychology students, and conceivably

practicing psychologists, feel inadequate in dealing with client violence. Due to the limited research exploring psychologists' experiences of client violence (Fong, 1995), this analysis involved the exploration of studies that were carried out on a variety of health care professions. This broader scope allowed a more detailed exploration of client violence research and experiences and revealed three fundamental issues relevant to this research project.

The first of these issues is that there seems to be a lack of clarity regarding the conceptualisation of the client violence phenomenon within the literature. More specifically, researchers use different operational definitions of client violence when exploring aspects of the phenomenon. For example Guy et al. (1991) only include physical acts of bodily harm, while other researchers also included threats of bodily harm (see C. K. Brown, 1995; Newhill, 1996), property damage (see Brendzal, 2001; Newhill, 1996), and even incidences of verbal aggression (see Gates et al., 2006; Macdonald & Sirotich, 2005; Mandiracioglu & Cam, 2006) in their definitions. This use of differing definitions is complicated further by researchers using an array of terms, such as abuse, assault and aggression (Luck, Jackson, & Usher, 2008), interchangeably to refer to situations in which participants perceive that a client's behaviour has put their wellbeing at risk (Crilly, Chaboyer, & Creedy, 2004; Hislop & Melby, 2003; Luck et al., 2008). In addition to the use of varying definitions, researchers also use different categories of behaviour to quantify experiences of client violence. For example, in her client violence study, Fong (1995) measured psychologists' experiences using three categories of violence: physical assault, property damage, and verbal threats of assault. Conversely, Brown (1995) also explored psychologists' experiences of client violence but used different categories of violence: physical assault and verbal threats of assault that were accompanied by attempted harm. The lack of clarity and consistency in the conceptualisation of client violence in the literature has led to difficulties in comparing experiences and prevalence rates across studies (C. K. Brown, 1995), and appears to leave no clear consensus as to what constitutes client violence. Scholars (see Brockman & McLean, 2000; Littlechild, 2005) suggest that the management of violent clients can be hindered by inconsistent definitions of such behaviours.

The second issue that the analysis of the literature revealed was that it appears as if the current conceptualisation of client violence may be too narrow. The violence definitions provided in the literature do not cover all of the client behaviours reported by participants in the research. For example, Guy, Brown, and Poelstra (1990) explored incidences of violence on psychologists and included only physical attacks and verbal threats of physical attack in their conceptualisation of client violence. Newhill's (1996) exploration of client violence among social workers used a broader definition, "property damage, threats, and attempts or actual physical attacks" (p. 489), and gained confirmation that all of these client behaviours were experienced. Brendzal (2001) provided participants with an even wider scope of client behaviours to be reported by participants by defining client violence as "any aggressive act performed by a mental health client" (p. 10). He allowed participants to report incidences such as threats, assaults, stalking, vandalism, burglary, or theft and all were reported to be experienced by participants. Other researchers have gone even further and included client behaviours such as emotional abuse (M. Shields & Wilkins, 2009), sexual harassment (Shin, 2011), and verbal harassment (Macdonald & Sirotich, 2001) in their definitions of client violence. As the definitions used by researchers have broadened and participants have been allowed to report a wider scope of client behaviours, participants have confirmed their experiences of these client behaviours as being threatening.

The current conceptualisation of client violence is too narrow because it is not only client violence that is a problem for health care professionals, but certain non-violent behaviours also have negative effects. Researchers (see Farber, 1983; Pearlman & Mac Ian, 1995; Zastrow, 1984) argue that health care professionals can experience negative outcomes merely by having contact with the clients. The consequences of these non-violent client behaviours are as severe and persistent as those experienced from acts of violence by clients (see Blair & Ramones, 1996; Coyle, Edwards, Hannigan, Fothergill, & Burnard, 2005; Garland, 2002). The effects of these non-violent client behaviours, such as suicidal statements (see Deutsch, 1984; Farber, 1983), being emotionally demanding (see Acker, 1999), and the recounting of traumatic experiences (see Blair & Ramones, 1996; Deutsch, 1984; McCann & Pearlman, 1990), tend to accumulate over time. These non-violent client behaviours are more regularly

embodied in literature exploring phenomena such as stress (see Cushway & Tyler, 1996), vicarious trauma (see Buchanan, Anderson, Uhlemann, & Horwitz, 2006), and burnout (see Ackerley, Burnell, Holder, & Kurdek, 1988).

The analysis of the literature indicates that whilst scholars and researchers identify and explore the client behaviours that make psychologists feel that their well-being is at risk, none of them have developed a broader umbrella term that can describe all the situations where they feel at risk. A term that may serve this purpose is *threat*, which Lazarus and Folkman (1984) define as "losses that have not yet taken place but are anticipated. Even when harm/loss has occurred, it is always fused with threat because every loss is also pregnant with negative implications for the future" (pp. 32-33). This definition encompasses both the anticipation of harm as well as the actual occurrence of harm and allows for harm that occurs simply through client contact, without intent on the part of the client.

The final issue that the analysis of this client violence literature highlighted was that no researcher has thus far determined what psychologists themselves consider to be client behaviours that put their wellbeing at risk. While research has given psychologists definitions and categories of client violence and asked them to quantify their experiences (see Bernstein, 1981; Brendzal, 2001; C. K. Brown, 1995; Fong, 1995; Guy et al., 1991; Seeck, 1998; Tryon, 1986), no research has been found that qualitatively explores psychologists' experiences in a way which allows them to articulate the client behaviours that they perceive to be threatening. It is, therefore, possible that the guidance given to psychologists regarding threatening clients may not be effective because such advice does not deal with all their concerns.

To begin addressing these three fundamental issues identified in the existing client violence literature, it is necessary to understand what client behaviours psychologists believe put their wellbeing at risk. Creswell (2007) recommends the use of a qualitative approach when little is known about the phenomenon being explored. Corbin and Strauss (2008) outline the usefulness of the qualitative approach in exploring a human experience in order to understand the feelings, experiences and perceptions of individuals. The researcher proposed to qualitatively explore how Australian psychologists experience and perceive client threats. The research question

guiding this research was: *what are Australian psychologists' experiences and perceptions of client threats?*

The second chapter of this thesis provides a review of the literature pertaining to *client threats*. As client violence is the threat that is most prominent in the literature much of the review focuses on this threat. Aspects examined include the relevance of client threats to psychologists, the reasons for discrepancies in the reported prevalence rates of client threat, the consequences experienced as a result of a client threat, and the different strategies and techniques employed to manage client threats.

Chapters 3 to 5 outline the first stage of this research study. This study aimed to establish the perceptions of 45 psychologists regarding their experiences of client threats. An analysis of the qualitative data from the interviews with these participants resulted in the development of a preliminary Client Threat Theory. This theory incorporates the five components (triggers, conceptualisation, risk assessment, consequences, and management) of the client threat experience identified by the participants and arranges them in a sequential order that provides a preliminary demonstration of how client threats are experienced.

Chapters 6 to 8 provide an outline of the Second Stage of the research. This study built on the findings of Stage One by implementing the Delphi method to utilise the knowledge of a panel of experts to refine the preliminary Client Threat Theory. The 15 experts provided three rounds of feedback on the theory, which proposed an outline of the process through which client threats are experienced by psychologists.

Chapter 9 provides a summary of the two stages of research that have been performed as part of this thesis. It also details the three main contributions that this research makes to the literature: provides a clear understanding of what constitutes a client threat, provides a comprehensive understanding of the main components that are experienced by psychologists during a client threat, and provides a proposed theory of client threats that gives an explanation of how client threats are experienced by psychologists.

CHAPTER 2:

LITERATURE REVIEW

A feature of literature dealing with incidences, in which individuals felt that their wellbeing was put at risk by the behaviour of a client, is the prominence of the term *violence*. Despite its dominance, related terms such as *assault*, *aggression*, *abuse* and *threat* are also used by researchers to refer to similar incidences of human behaviour (see Luck et al., 2008). Within this literature review, a single broad term was required to eliminate the confusion around the interchangeable use of these terms in the literature. A commonality among the experiences described during the use of these various terms was the presence of a perceived threat to the wellbeing of the individual as a direct result of client behaviour. Therefore, for the sake of brevity, such situations will from here on be referred to as client threats.

Another feature of the literature is the relative lack of studies that focus specifically on psychologists. As a result, this review of the literature draws upon studies that have been conducted more broadly on health care professionals. There appears to be an assumption made by many researchers that, in regards to client threats, healthcare professionals have similar experiences. This is evident in researchers (e.g., Bernstein, 1981; Hudson-Allez, 2002; Seeck, 1998; Whiteman, Armao, & Dent, 1976) tendencies to include psychologists with other health care professionals in their sample when studying client threats. Common groupings of health care professionals in the violence literature include mental health workers (see Schantz & Meacham, 2003; Whiteman et al., 1976), human service workers (see G. Shields & Kiser, 2003), emergency department workers (see Gates et al., 2006), hospital staff (see Winstanley & Whittington, 2004), and psychotherapists (see Bernstein, 1981).

The Prevalence of Reported Client Threats

Twenty eight articles (see Appendix A) were found that provided prevalence statistics on client threats using combinations of the search terms outlined in Table 2.1. These articles reported experiences that explicitly arose from client contact, and include research conducted more broadly on health care professionals. For an overview of the different client behaviours explored in these client threat articles see Appendix B. An additional 25 articles (see Appendix C) were found that presented statistics on workplace violence that, upon closer examination, were found to originate from client contact.

Table 2.1

Search Terms used to Locate Client Threat Articles

Alternatives for Psychologist	Alternatives for Client	Alternatives for violence
Psychotherapist	Patient	Threat
Therapist		Aggression
Counsellor		Assault
Mental Health		Abuse
Health Care		Trauma
		Dangerous
		Stress

The majority of the client threat articles providing prevalence data have been undertaken within the nursing and social work professions. The reported rates of nurses feeling at risk due to client behaviour are summarised in Table 2.2. These statistics appear to demonstrate that client threats are common amongst nurses, with verbal harassment (with reference to Gates et al., 2006; Maguire & Ryan, 2007; Şenuzun Ergün & Karadakovan, 2005) being the most frequently experienced threatening client behaviour. With the data from different studies measuring seemingly similar phenomena being presented together, it seems reasonable to make comparisons across studies. For example, one might conclude that the reported statistics for verbal harassment ranged significantly among studies from 40.3% (Zampieron, Galeazzo, Turra, & Buja, 2010) to 98.5% (Şenuzun Ergün & Karadakovan, 2005).

Table 2.2

Prevalence Rates of Client Threats Reported in the Nursing Literature

Client Behaviour	Prevalence	Author
Physical Violence	2.4%	Zampieron et al. (2010)
	6.4%	Kamchuchat et al. (2008)
	19.5%	Erkol, Gokdogan, Erkol, & Boz (2007)
	19.7%	Senuzun Ergun & Karadakovan (2005)
	27.0%	Winstanley & Whittington (2004)
	33.8%	M. Shields & Wilkins (2009)
	38.8%	C. Anderson (2002)
Psychological / Emotional Violence	38.9%	Gates et al. (2006)
	46.7%	M. Shields & Wilkins (2009)
Verbal Threats of Violence	71.0%	C. Anderson (2002)
	54.0%	Maguire & Ryan (2007)
Verbal Harassment	66.1%	Gates et al. (2006)
	40.3%	Zampieron et al. (2010)
	45.9%	Kamchuchat et al. (2008)
	47.0%	Erkol et al. (2007)
	68.0%	Winstanley & Whittington (2004)
	80.0%	Maguire & Ryan (2007)
	93.8%	Gates et al. (2006)
Sexually Harassed	98.5%	Senuzun Ergun & Karadakovan (2005)
	1.1%	Kamchuchat et al. (2008)
	17.0%	Maguire & Ryan (2007)
	38.9%	Gates et al. (2006)
Threatening Behaviour	41.8%	C. Anderson (2002)
	23.0%	Winstanley & Whittington (2004)
	33.6%	Erkol et al. (2007)

The ranges of prevalence rates for social workers (see Table 2.3) are similar to that of nurses. While nurses work in similar conditions to psychologists in a hospital setting, social workers and psychologists have a more similar relationship with their clients. The statistics in Table 2.3 appear to demonstrate that client threat experiences are relatively common among social workers. Reports of verbal harassment are as high as 87.8% (Macdonald & Sirotich, 2001) and physical violence up to 64.0% (Winstanley & Hales, 2008). Examining Table 2.3 it again seems reasonable to draw comparisons across studies that appear to be measuring similar client behaviours. For example, the reported prevalence of physical violence ranges from 13.2% (Seeck, 1998) to 64% (Winstanley & Hales, 2008).

Table 2.3
Prevalence Rates of Client Threats Reported in the Social Work Literature

Client Behaviour	Prevalence	Author
Physical Violence	13.2%	Seeck (1998)
	14.2%	Bernstein (1981)
	23.0%	Padyab et al. (2012)
	30.2%	Ringstad (2005)
	64.0%	Winstanley & Hales (2008)
Psychological / Emotional Violence	64.7%	Padyab et al. (2012)
	85.5%	Ringstad (2005)
Verbal Threats of Violence	23.0%	Newhill (2002)
	35.6%	Bernstein (1981)
	39.6%	Seeck (1998)
	63.5%	Macdonald & Sirolich (2001)
Stalking	4.7%	Seeck (1998)
	16.3%	Macdonald & Sirolich (2001)
Verbal Harassment	87.8%	Macdonald & Sirolich (2001)
Sexually Harassed	29.3%	Macdonald & Sirolich (2001)
Racially or Ethically Harassed	15.1%	Macdonald & Sirolich (2001)
Threatening Behaviour	50.0%	Newhill (2002)
	72.0%	Winstanley & Hales (2008)

Upon identifying the apparent ranges in reported rates for similar types of client threats, an analysis of these research articles was undertaken to identify the reasons for these discrepancies. This analysis resulted in the discovery of five noteworthy reasons for these discrepancies: the under-reporting of client threats, disparities in the timeframes used to measure experiences, disparities in the setting in which the participants worked, disparities in the types of statistics reported in studies, and differences in the conceptualisation of the phenomenon being explored. These differences, among research reporting the rates at which client threats are experienced, suggest that care must be taken when making comparisons between studies.

Under-Reporting of Client Threats

The first identified reason for the discrepancies in prevalence rates of client threats was the under-reporting of such experiences. Mayhew and Chappell (2003)

suggest that the issue of under-reporting is widespread (also see Fry et al., 2002) and contributes to the confusion over prevalence and severity data within the health care professions. Whittington (1994) suggests that many violent experiences are downplayed by health care professionals (hereafter professionals), and are subsequently dismissed as unpleasant experiences. Macdonald and Sirotich (2001) explored the reasons why social workers were not reporting incidences of client violence. The study involved 171 social workers completing a mailed questionnaire that explored participants' reasons for reporting and not reporting incidences of client violence to management. The top five reasons given by participants were: the client violence incident was not serious enough, client violence is considered part of the job, it was perceived by the social worker that nothing would be gained by reporting the client violence incident, the social worker wanted to avoid negative consequences for the client, and the social worker was concerned that it might appear that they could not cope.

Table 2.4

Rates at which Experiences of Client Threats are Formally Reported

Author	Country	Participants	Type	Reporting Frequency
Findorff, McGovern, Wall, & Gerberich (2005)	US	Health Care workers	Violence - Physical	57.0%
			Violence - Non-Physical	40.0%
Ferns & Meerabeau (2009)	England	Nursing student	Abuse - Verbal	37.3%
Şenuzun Ergün & Karadakovan (2005)	Turkey	Nurses	Violence - Physical	30.2%
			Violence - Verbal	15.4%
Padyab, Chelak, Nygren, & Ghazinour (2012)	Iran	Social workers	Violence - Physical	60.0%
			Violence - Psychological	34.0%

The studies outlined in Table 2.4 illustrate the frequency at which professionals formally report their experiences of client threats. Reporting frequencies as low as 15.4% (Şenuzun Ergün & Karadakovan, 2005) for verbal aggression and 30.2% (Şenuzun Ergün & Karadakovan, 2005) for physical aggression are reported by the studies in this table. The highest reporting frequencies of the studies in Table 2.4 is 60% (Padyab et al., 2012); with incidences of non-physical aggression (with reference to Ferns & Meerabeau, 2009; Padyab et al., 2012; Şenuzun Ergün & Karadakovan, 2005) being even less likely to be reported than physical violence (with reference to Findorff, McGovern, Wall, & Gerberich, 2005; Padyab et al., 2012).

Different Types of Statistics Reported by Researchers

The second identified reason for the discrepancies in the reported rates of client threats was researchers' differing ways of reporting their statistical data in publications. Table 2.5 demonstrates these differences in statistical reporting for various studies that have explored client threats in which psychologists have been either part of or the entire sample of the study. Studies that explore prevalence have two types of statistics that can be reported: the aggregate and particularised. The aggregate statistic provides an over-all prevalence rate of the phenomena that is under investigation. Seven of the studies (see Arthur et al., 2003; C. K. Brown, 1995; Fong, 1995; Gentile, Asamen, Harmell, & Weathers, 2002; Hudson-Allez, 2002; Purcell, Powell, & Mullen, 2005; Romans, Hays, & White, 1996) outlined in Table 2.5 only report this aggregate statistic.

Table 2.5

The Types of Statistics Reported by Studies Exploring Client Threats Where Psychologists Make Up Part or All of the Sample

Author	Particularised Statistic Provided	Aggregate Statistic Provided
Arthur et al. (2003)	-	✓
Bernstein (1981)	✓	-
Brendzal (2001)	✓	✓
Briggs et al. (2004)	✓	-
Brown (1995)	-	✓
deMayo (1997a)	✓	✓
Fong (1995)	-	✓
Fry et al. (2002)	✓	✓
Gentile et al. (2002)	-	✓
Guy et al. (1990)	✓	-
Hudson-Allez (2002)	-	✓
Purcell et al. (2005)	-	✓
Romans et al. (1996)	-	✓
Seeck (1998)	✓	-
Tryon (1986)	✓	✓

The particularised statistics provide the rate of prevalence for each of the client behaviours being used to measure the defined phenomena. Four of the studies (see

Bernstein, 1981; Briggs et al., 2004; Guy et al., 1990; Seeck, 1998) in Table 2.5 report only these particularised statistics.

Four of the studies in the table (see Brendzal, 2001; deMayo, 1997a; Fry et al., 2002; Tryon, 1986) report both the prevalence of each of the particularised client behaviours being measured, and the aggregate prevalence of the phenomenon. It is difficult to compare the findings of studies that report their statistical findings in different ways.

Differing Timeframes used by Researchers

The third identified reason for the discrepancies in client threat experiences was researchers' use of varying timeframes that they asked participants to reflect upon, when answering the prevalence questions in their questionnaires. They varied from the past month (Farrell et al., 2006; Maguire & Ryan, 2007), past six months (Gates et al., 2006), past 12 months (M. Shields & Wilkins, 2009; Shin, 2011), the last calendar year (Whiteman et al., 1976), past two years (Macdonald & Sirotych, 2001), past five years (Erkol et al., 2007), to over their entire career (Fong, 1995; Newhill, 1996). When asking participants to report experiences that have occurred over their career, differences in career lengths can vary drastically, and this affects prevalence rates. For example, one participant may have a two year career while another might have a 35 year career, it is probable that individuals with longer careers will have experienced more incidences of client threats.

Table 2.6

Difference in Client Threat Prevalence Statistics When Reported in Different Time Frames

Client Behaviour	Macdonald & Sirotych (2005)		Kamchuchat et al. (2008)		Ringstad (2005)	
	24 months	Career	12 months	Career	12 months	Career
Physical assault	6.0%*	28.6%*	3.1%	6.4%	14.7%	30.2%
Sexual harassment	9.6%	29.3%	0.7%	1.1%	-	-
Stalked	4.8%	16.3%	-	-	-	-
Threaten harm	19.6%	63.5%	-	-	-	-
Verbal abuse	56.1%	87.8%	38.9%	45.9%	62.3%	85.5%

Note.

* Physical assault as defined by assault not causing injury.

The influence of disparities in timeframes can be seen in Table 2.6. The researchers in this table have addressed this timeframe issue by asking participants to report their experiences within a shorter timeframe and then also across their careers.

Differing Work Settings of Participants

The fourth identified reason for the discrepancies in client threats was the setting in which psychologists carry out their work. While the literature pertaining to psychologists' experiences highlights differences in reported rates between workplace settings, there is no consensus on which workplace poses a higher risk. For example, Guy et al. (1990) found that the highest rates of patient violence occur in public psychiatric settings (40.5%), followed by private psychiatric settings (21.9%), and then private practice (13.6%). However, Brown (1995) found that the highest rates of client assault occurred in private practice (41.7%), followed by inpatient psychiatric settings (28.2%). To complicate matters further, Tryon (1986) found that verbal abuse and other harassments are more common in private practice, while physical attacks are more common in workplaces other than private practice. Looking at more specific forms of client threats, Purcell et al. (2005) reported that the stalking of psychologists occurs most frequently in the government sector (51%), followed by private practice located in an office (25%), corporate organisations (15%), and private practice located at home (9%). In regards to the sexual harassment of female psychologists, deMayo (1997a) found that 80% of severe incidences occurred in an outpatient setting, and 20% occurred in an inpatient setting.

Differing Conceptualisations of Client Threats

The final identified reason for the discrepancies in reported prevalence rates was researchers' differing conceptualisations of the phenomenon being explored. The use of varying terms and definitions to measure the seemingly interchangeable concepts of violence, abuse, assault, aggression, etcetera has added to the difficulties in addressing the issue of client threats (see Luck et al., 2008). The lack of clarity, and therefore consistency, regarding the conceptualisation of client threats stems from two separate issues. The first being the use of different definitions by researchers; the

second is the use of different categories of client behaviour by researchers. These conceptualisation issues are discussed in more detail below.

Differing Definitions Used in the Research

It was acknowledged earlier in this literature review that the term *client threat* is being used, for the sake of brevity, to encompass all of the terms (such as *violence*, *assault*, *aggression*, *abuse* and *threat*) used interchangeably in this area of the literature. Not only is there the obvious confusion around the use of these different terms to refer to a similar phenomenon, but there are also differing definitions for each of the individual terms within the literature. For example, researchers exploring experiences of client violence have used differing definitions and categories of the phenomenon (Arthur et al., 2003). One of the outcomes of this is disparities in the reported prevalence rates of client violence. Table 2.7 provides a sample of definitions that illustrate the different client violence definitions provided by different researchers. These definitions vary significantly in the detail in which they describe the client behaviours that they encompass, and the complexity with which they are formulated. Some definitions were specific and precise (see C. K. Brown, 1995, who used a rigid legal definition of violence), while others were more generalised and encompassing (see Brendzal, 2001; Newhill, 1996).

Table 2.7

An Illustration of the Variations in the Definitions of Client Violence Provided in the Literature

Definition	Author
"Any aggressive act..."	(Brendzal, 2001, p. 10)
"Any willful attempt or threat to inflict injury upon the person of another, when coupled with an apparent ability to do so, and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm"	(C. K. Brown, 1995, p. 10)
"Incident in which a helping professional is harassed, threatened, or physically assaulted..."	(Macdonald & Sirocich, 2001, p. 109)
"Property damage, threats, and attempted or actual physical attacks"	(Newhill, 1996, p. 489)
"Includes physical assault, threats of assault... it would include homicide, rape, robbery of a person, and other forms of physical assault"	(Seeck, 1998, p. 4)

A similar variation in the definitions provided to participants can be seen among studies that explore stalking experiences. Table 2.8 illustrates that some stalking definitions specify the number of incidences that need to be experienced before a classification of stalking applies (see Gentile et al., 2002; Hughes, Thom, & Dixon, 2007; Purcell et al., 2005); whereas other definitions do not (see Romans, Hays, Pearson, DuRoy, & Carlozzi, 2006; Romans et al., 1996). Of those definitions that do specify the number of incidences required, Gentile et al. (2002) specifies that it only needs to be one act, while Hughes et al. (2007) and Purcell et al. (2005) both specify that at least 10 acts are required. However, Hughes et al. (2007) stipulates that the behaviours must occur for at least a 4 week period, while Purcell et al. (2005) provides a minimum timeframe of 2 weeks.

Table 2.8

An Illustration of the Variations in the Definitions of Stalking Provided in the Literature

Definition	Author
"more than one overt act of unwanted pursuit of the victim that was perceived by the victim as being harassing"	(Gentile et al., 2002, p. 490)
"the experience of unwanted communications or repeated contacts (on more than 10 occasions) persisting for a period of more than 4 weeks and that created fear or anxiety for the clinician"	(Hughes et al., 2007, p. 35)
"multiple intrusions (e.g., at least 10), imposed for a period of 2 weeks or more, that induced fear in the recipient"	(Purcell et al., 2005, p. 538)
"willfully, maliciously, and repeatedly following or harassing another person and making a credible threat."	(Romans et al., 1996, p. 596)
"willful, malicious, and repeated following and harassing of another person"	(Romans et al., 2006, p. 26)

Tables 2.7 and 2.8 illustrate the definitional differences within their respective areas of research. The use of different definitions creates confusion regarding what the research is actually measuring, potentially leading to issues of validity. This also means that the reliability of findings cannot be gauged by the comparison of different studies apparently exploring the same phenomenon (Martin, 2004).

Differing Categories of Client Behaviour in the Research

In addition to the use of differing definitions within the area of client threat research, researchers also use different client behaviours when exploring the defined

phenomenon. Table 2.9 illustrates the different client behaviours measured by studies that explored the rate at which psychologists experience client threats. The table includes studies in which psychologists make up all, or part, of the sample population and measure more than one type of client behaviour. The five studies (e.g. deMayo, 1997a; Gentile et al., 2002; Hudson-Allez, 2002; Purcell et al., 2005; Romans et al., 1996) that include psychologists but do not measure more than one client behaviour were excluded as they do not demonstrate the variations in client behaviours found in studies that explore multiple threatening client behaviours.

Table 2.9

The Client Behaviours used by Studies to Measure the Prevalence of Client Threats Where the Sample Included Psychologists

Author(s)	Physical Assault	Sexual Assault	Stalking	Psychological Intimidation	Property Damage	Verbal Threat	Verbal Abuse	Harassment
Arthur et al. (2003)	✓			✓				
Bernstein (1981)	✓					✓		
Brendzal (2001)	✓		✓		✓	✓		
Briggs et al. (2004)	✓			✓		✓		✓
Brown (1995)	✓					✓		
Fong (1995)	✓				✓	✓		
Fry et al. (2002)	✓	✓			✓	✓	✓	
Guy et al. (1990)	✓					✓		
Seeck (1998)	✓		✓			✓		
Tryon (1986)	✓						✓	✓

The only common client behaviour among all of the studies in Table 2.9 is physical assault. Verbal threats of assault are the second most frequently measured client behaviour in these client threat studies; however, there is a lot of variation in the other behaviours that are included and excluded in the studies. Sexual assault was the only client behaviour measured by a single study in the table (see Fry et al., 2002). Of the ten studies outlined in Table 2.9, only three (see Bernstein, 1981; C. K. Brown, 1995; Guy et al., 1990) measure the same combination of client behaviours.

Narrow Scope of Client Violence

The differing conceptualisations of client threats outlined above challenges the appropriateness of the prominence of the term *violence* in the literature dealing with incidences in which an individual felt that their wellbeing was put at risk by the behaviour of a client. Definitions of client violence tend to focus on physical assault (e.g. C. K. Brown, 1995) and verbal threats of assault (e.g. Fong, 1995; Guy et al., 1990; Whiteman et al., 1976). However, when provided with the opportunity to report a broader range of experiences, participants report client behaviours that have been categorised as emotional abuse (M. Shields & Wilkins, 2009), sexual harassment (Shin, 2011), threatening harm to family or colleagues (Macdonald & Sirotych, 2001), and stalking (Seeck, 1998), which do not fit under the above definitions.

A number of researchers have attempted to address the difference between the narrow definitions of phenomena such as violence and the broader range of client threat experiences being reported by professionals. Bernstein (1981) began this definition expansion by broadening his exploration beyond incidences of physical assault to include threats of violence. Flannery, Hanson and Penk (1995) also suggested that future research include threats, along with physical attacks, in their definition of violence when exploring incidences of client violence. Their study found that threats can result in as much psychological distress as physical attacks, and that these client threats are frequently experienced incidences. Macdonald and Sirotych (2001) also recognised the impact of non-physical behaviours in experiences of violence and included them in their definition of client violence through the addition of *harassment*. The rationale given for this inclusion, similar to Flannery et al. (1995), was the seriousness of the consequences that can be experienced from these types of client behaviours. While these expanded definitions began to capture broader experiences of client violence, the majority of researchers continued to apply a narrow definition of client violence.

Reported Rates of Client Threats Among Psychologists

Of the twenty eight articles (see Appendix A) found providing prevalence statistics on client threats, seven of these articles (see Table 2.10) include psychologists as part of the sample being researched. These studies vary in the types

of client behaviours measured, and a range in reported prevalence rates also appears to exist within this area of the literature. For example, reported stalking rates vary from 4.7% (Seeck, 1998) to 24.0% (Hudson-Allez, 2002), verbal threats range from 35.6% (Bernstein, 1981) to 89.0% (Fry et al., 2002), and physical assault ranges from 7.0% (with injury - Fry et al., 2002) to 24.0% (Briggs et al., 2004). However, we now know that attempting to make such comparisons causes problems. To use a colloquial metaphor, we cannot be sure that we are comparing apples with apples, or whether we are comparing apples with oranges.

Table 2.10

Prevalence of Client Threats in Studies That Include Psychologists

Author	Country	N	Type	Prevalence
Arthur et al. (2003)	US	1131	Physical and Psychological Assault	61.0%
Bernstein (1981)	US	453	Physical Assault	14.2%
			Verbal Threat	35.6%
Briggs et al. (2004)	Aus	589	Intimidation	91.0%
			Verbal Threat	72.0%
			Ongoing Harassment	41.0%
			Physical Assault	24.0%
Fry, et al. (2002)	Aus	92	Any Aggression	96.0%
			Verbal - Face-toface	89.0%
			Verbal - Telephone	81.0%
			Damage to Property	58.0%
			Verbal Threat	53.0%
			Assault - No Injury	24.0%
			Assault - Injury	7.0%
			Sexual Assault	7.0%
Hudson-Allez (2002)	UK	411	Stalking	24.0%
Romans et al. (1996)	US	178	Stalking	5.6%
			Harassing Behaviour	64.0%
Seeck (1998)	US	106	Assault	13.2%
			Stalking	4.7%
			Verbal Threat	39.6%

Two of the studies in Table 2.10, that included psychologists among their participants, were conducted in Australia. The first was conducted by Briggs,

Broadhurst, and Hawkins (2004) and explored violence experienced by professionals who worked with children. Of the sample, 35 (5.9%) were psychologists. This study found that 91% of all participants experienced intimidating behaviour, 72% experienced threats of violence, 41% experienced ongoing harassment, and 24% experienced a physical assault. Furthermore, 37.1% of psychologists in the sample reported experiencing a threat to their life. The second study was conducted by Fry, O'Riordan, Turner, and Mills (2002) and explored aggressive incidences experienced by community mental health staff. There were seven (8% of the sample) psychologists in the sample. The study reported that 96% of all participants experienced some form of aggression, 89% experienced face-to-face verbal abuse, 53% experienced threats of assault, 24% experienced assault without physical injury, 7% were physically injured by a client, and 7% experienced sexual assault.

Table 2.11

Prevalence of Client Threats Measured Over Psychologists' Careers

Author	Country	N	Type	Prevalence
Brendzal (2001)	US	236	Any Violence	66.5%
			Physical Assault	29.2%
			Verbal Threat	49.0%
			Vandalism	26.0%
			Stalking	8.0%
Brown (1995)	US	525	Assault	20.8%
deMayo (1997)	US	354 ^a	Sexual Harassment	53.0%
Fong (1995)	US	108	Assault	17.0%
Gentile et al. (2002)	US	294	Stalking	10.2%
Guy et al. (1990)	US	340	Physical Attack	39.9%
			Verbal Threat	49.0%
Purcell et al. (2005)	Aus	830	Stalking	20.0%
Tryon (1986)	US	300	Any Abuse	81.0%
			Physical attack	17.3%
			Verbal Abuse	63.5%
			Other Harassment	27.1%

Note .

^a Only female participants used in the study.

Only eight of the twenty eight articles that provided prevalence statistics on client threats (see Appendix A) exclusively examined psychologists. Table 2.11 provides more detail about these studies. While these studies show a mixed picture of the rate at which the different types of client threats are experienced by psychologists, these experiences do appear to be relatively common. Of these studies exploring the prevalence of client threats among psychologists, only one was conducted in Australia and focussed on client stalking behaviours (Purcell et al., 2005). Of 830 Victorian psychologists surveyed by these researchers, 162 (20%) reported being stalked for two weeks or more. Of those stalked, 42% perceived that resentment was the primary motivation for the stalking while 19% perceived it to be infatuation (Purcell et al., 2005). Other researchers in the United States, who have studied the stalking experiences of psychologists have reported prevalence rates of 10.2% (Gentile et al., 2002) and 8.0% (Brendzal, 2001).

Consequences of Client Threats

Many researchers have documented the consequences of client threats for health care professions; however, few include the experiences of psychologists. Accordingly, the next section of this literature review, summarising the reported consequences of client threats, covers the broader scope of professions.

Physical Impacts

Professionals have reported experiencing a number of physical consequences as a result of client threats. Consequences that occur *immediately after* the experience included asthma attacks, soiling pants (Fry et al., 2002), experiencing physiological responses associated with stress and shock (Fry et al., 2002; Hogg & Viitasara, 2005; Littlechild, 2005), and physical injuries (Franz et al., 2010; Fry et al., 2002; Gates et al., 2006; Guy et al., 1991; Littlechild, 2005). Fry et al. (2002) reported that the community mental health staff participating in their study of aggressive incidences experienced physical injuries to the head, limbs, chest and genital area. These injuries took the form of scratches, cuts, bruises, and sprains. Emergency department workers reported similar physical injuries such as bruises, bites, abrasions, and scratches (Gates et al., 2006). The two *longer-term* physical consequences reported in the literature were a

general decrease in physical health (Guy et al., 1991) and the presence of psychosomatic symptoms (Barling, 1996).

Psychological Impacts

There have also been a number of psychological impacts from client threats reported by professionals. The psychological impacts experienced *immediately after* a client threat were anger, disappointment and rage (Arthur et al., 2003; El-Gilany et al., 2010; Franz et al., 2010; Hogh & Viitasara, 2005). Some researchers found an initial period of emotional detachment being experienced after the event (Arthur et al., 2003; Newhill, 1995). Guy and Brady (1998) suggest that denial is also a common reaction for psychologists who experience violent client behaviour. They suggest that psychologists have a tendency to underestimate the consequences of their experience and the level of distress that they experience. Psychologists who are suffering from denial may return to work prematurely and take on difficult cases in an attempt to prove their professional abilities and absolve themselves from blame for the client threat they experienced. Denial becomes a coping mechanism that helps the psychologist continue apparently unaffected by their client threat experience and contributes to their belief that they are in control of their interactions with clients (Guy & Brady, 1998).

Guy et al. (1991) quantitatively surveyed 340 American psychologists, asking them about their experiences of physical patient attacks. Those psychologists who had experienced a physical attack (39.9% of the sample) reported consequences that impacted on both their emotional and physical health. The psychological consequences reported by these psychologists were *longer term*, meaning that they were present for an extended period of time after the incident occurred. Of those psychologists who reported experiencing a physical attack, 40% indicated they had consequently experienced an increased sense of personal vulnerability (also see Briggs et al., 2004), 16.2% experienced a decrease in emotional wellbeing, 16.2% reported that their loved ones had an increased concern for the clinician's safety (also see Guy & Brady, 1998), 5.4% experienced an increase in marital or family tensions (also see Barling, 1996; Briggs et al., 2004), 3.8% experienced a decrease in motivation, and 3.1% experienced an increase in nightmares (also see Fry et al., 2002).

Other longer term psychological impacts reported by professionals include a generalised decrease in emotional wellbeing and stability (Fry et al., 2002; Hogh & Viitasara, 2005; Mayhew & McCarthy, 2005), feeling fatigued (Hogh & Viitasara, 2005), feeling violated (Arthur et al., 2003), a decrease in levels of self-esteem (Arthur et al., 2003; Briggs et al., 2004), and developing anxiety or fear for the safety of either themselves, family or colleagues (Barling, 1996; Briggs et al., 2004; Criss, 2010; El-Gilany et al., 2010; Fry et al., 2002; Guy & Brady, 1998; Hogh & Viitasara, 2005; Littlechild, 2005). The literature also contained reports of professionals experiencing increased levels of stress (El-Gilany et al., 2010) and symptoms associated with an acute or post-traumatic stress response (Dalton & Eracleous, 2006; Hogh & Viitasara, 2005; Warren, 2006). Symptoms included irritability (Arthur et al., 2003; El-Gilany et al., 2010), tearfulness (El-Gilany et al., 2010), sadness and depression (Barling, 1996; El-Gilany et al., 2010; Franz et al., 2010; Hogh & Viitasara, 2005; Littlechild, 2005), feelings of helplessness and demoralisation (Franz et al., 2010; Guy & Brady, 1998; Newhill, 1995), difficulty sleeping (Arthur et al., 2003), intrusive thoughts of the incident reoccurring (Fry et al., 2002), and heightened vigilance for risk and safety (El-Gilany et al., 2010; Fry et al., 2002; Warren, 2006).

Professional Impacts

It is conceivable that the above mentioned consequences of experiencing client threats have the potential to render professionals, either temporarily or more permanently, incompetent in performing their professional duties to the required standard (Flannery et al., 1995). In some cases, psychologists will continue to provide professional services despite perceiving that they are providing a sub-standard service due to their feelings of distress (Guy et al., 1989; Pope et al., 1987). Guy et al. (1989) quantitatively surveyed 318 American psychologists about the impact of their personal distress on the quality of services they provided to clients. It appears that the researchers left it to the participants to decide what constituted an experience of personal distress. However, participants were prompted by being asked if they had experienced personal distress from specific sources such as job stress, illness in the family, marital problems, death in the family, financial problems, midlife crises, personal physical illness, and drug abuse. Of those who reported experiencing personal

distress in the previous three years (74.3% of the sample), 36.7% indicated that they perceived it resulted in decreased quality of patient care. Furthermore, 4.6% admitted that the personal distress had resulted in inadequate treatment. Pope et al. (1987) had similar findings in their quantitative survey of 456 American psychologists, establishing that 59.6% of respondents had worked when they perceived themselves too distressed to be effective.

By providing a sub-standard service to clients, psychologists may facilitate a range of adverse consequences (Barnett & Hillard, 2001; Stadler, Willing, Eberhage, & Ward, 1988). It is possible that psychologists' clientele will suffer from their client threat experience due to the adverse impact it has on psychologists' professional practices (Littlechild, 2005). Consequently, psychologists may make themselves vulnerable to official complaints of malpractice (Montgomery, Cupit, & Wimberley, 1999) because they are professionally bound by a code of ethics to ensure a minimum standard of practice. Psychologists are, for example, required by Standard B.1.2 to ensure that, "their emotional, mental, and physical state does not impair their ability to provide a competent *psychological service*" (Australian Psychological Society, 2007).

In response to client threats, professionals have reported becoming more selective in the clients they see (Guy et al., 1991; Warren, 2006), and changing their attitude towards clients by becoming more pensive or suspicious (El-Gilany et al., 2010; Hogh & Viitasara, 2005; Warren, 2006). They have also reported experiencing emotional exhaustion and a reduction in their job performance (Barling, 1996), becoming less confident in their professional abilities (Arthur et al., 2003; Briggs et al., 2004; Franz et al., 2010; Guy et al., 1991; Hobbs, 1994; Mayhew & McCarthy, 2005), and developing a fear of negative judgements being made about their professional abilities (Littlechild, 2005). In addition, professionals have reported a reduced ability to cope with other stressors (Mayhew & McCarthy, 2005), and reduced the number of hours they make their services available to clients (Guy et al., 1991).

The organisations in which professionals work may also be affected by their client threat experiences. A quantitative study conducted by El-Gilany et al. (2010) examined the experiences of workplace violence of 1091 health care workers in Saudi Arabia. The majority (91.2%) of the perpetrators of this violence were patients or family members of patients. The researchers found organisational consequences, such

as, a decreases in employees work satisfaction (also see Canton et al., 2009; Gates et al., 2006; Shin, 2011), performance and efficiency (also see Mayhew & McCarthy, 2005), and motivation (also see Guy & Brady, 1998; Guy et al., 1991) all potentially have an impact on productivity. In addition, participants reported: conceiving plans to leave work or resign, an increase in the number of days absent from work (also see Briggs et al., 2004; Gates et al., 2006; Hogg & Viitasara, 2005), and an increase in requests for sick leave as a result of their violent experiences.

Researchers have also found that organisations whose employees experience client threats may ultimately suffer due to cognitive distraction making the individual more likely to be involved in accidents (Barling, 1996), more tense and anxious and therefore having less fun at work (Franz et al., 2010), and feeling less committed to the organisation and perhaps even considering leaving (Barling, 1996; Canton et al., 2009; Hobbs, 1994; Newhill, 1995; Shin, 2011).

Management of Client Threats

An analysis of literature pertaining to the management of client threats revealed that more than half of the available articles provide reviews and opinions of scholars. Therefore, there are fewer research studies that explore how such situations have been managed by psychologists and other professionals.

Review and Opinion Articles

The articles that provide reviews and opinions tend to focus on *preventative measures* and *risk assessment* procedures that can be implemented to protect psychologists against client threats. In regards to preventative measures, Newhill (1995) composed an opinion piece on social workers management of client violence. She suggested that education and training is a critical aspect of preventing client violence (also see Kynoch, Wu, & Chang, 2010; Morcombe, 1999; Pollack, 2010; Sarkisian & Portwood, 2003; Spencer & Munch, 2003). She advocated that not only should professional trainees be taught how to identify, prevent and control angry clients but agencies should also provide ongoing training to professionals to maintain these skills (Newhill, 1995). Sarkisian and Portwood (2003) also compiled an opinion article considering client violence experienced by social workers. They highlight the

important role that workplace policies (Clements, DeRanieri, Clark, Manno, & Douglas Wolcik, 2005; Gillespie, Gates, Miller, & Kunz Howard, 2010; Mayhew, 2003; Pollack, 2010; Smith-Pittman & McKoy, 1999; Spencer & Munch, 2003) can play in the prevention of client violence but also suggest that such policies are often used by organisations to shift responsibility onto the workers (Sarkisian & Portwood, 2003).

While preventative measures are a dominant focus of the review and opinion articles, they also provide an outline of what can be done after such an incident has been experienced. Graycar (2003) suggests that victims of workplace violence need to be provided with appropriate supports to minimise the longer-term impact of these experiences. In particular, scholars (see Fauteux, 2010; Talbot, Manton, & Dunn, 1992) outline the importance of undertaking some form of formal or informal debriefing after experiencing a client threat.

In regards to *risk assessment*, scholars (see Arthur, Brende, & McBride, 1999; Blair, 1991) suggest that professionals conduct thorough assessment interviews with each client, to collect background information, so they are able to discern all the present risk factors. Risk factors include a history of violence, psychosis, substance abuse, or an organic brain disorder; as they have been found to be associated with violent behaviour (Arthur et al., 1999; Blair, 1991). In addition, a risk assessment needs to examine the practitioner's personal factors, situational factors, client factors, and treatment factors (Arthur et al., 1999; Blair, 1991; Gillespie et al., 2010). A number of scholars (see Borum, Swartz, & Swanson, 1996; Tishler, Gordon, & Landry-Meyer, 2000) provide an outline of their preferred risk assessment process for clinical settings.

While an initial assessment of risk provides a basis from which to manage client threats, professionals need to continually monitor the client throughout sessions. Arthur et al. (1999) suggest that professionals need to be able to identify cues from the client that are suggestive of a potential assault, such as body language and level of fear. While lists of possible cues are available in the literature (see Parks, 1992), these cues may vary from client to client. Outlaw and Bond (1992) concur that few violent acts occur suddenly and without warning signs, and suggest that most aggressive outbursts result from progressive frustration.

It is clearly important that psychologists are able to assess client risk, both initially and on an ongoing basis; however, psychologists have difficulties accurately

predicting aggressive behaviour in clients. Copious research has been completed to measure the ability of psychologists to predict client violence towards a third party; however, researchers are divided regarding the accuracy at which psychologists can do so. Some researchers (see Monahan, 1981; Quinsey et al., 1998; Werner et al., 1983) report that psychologists are unable to predict violent client behaviour directed towards others, at a rate much better than chance, when relying on their unstructured clinical judgement. Psychologists appear particularly inaccurate in the prediction of aggression in female clients (Skeem et al., 2005). Other researchers report rates modestly higher than chance (Borum, 1996; Mossman, 1994; Otto, 1992); however, even these researchers caution against reliance on clinical judgement alone (Otto, 1992).

While little research can be found that specifically explores a psychologist's ability to predict client aggression that is directed at themselves, Bernstein (1981) provides some indication of psychologists' abilities. Bernstein (1981) constructed a questionnaire to determine the prevalence of threats and assaults carried out by clients against psychotherapists. The questionnaire was distributed to psychologists, psychiatrists, clinical social workers, and marriage, family and child counsellors in San Diego County. A total of 422 psychotherapists participated in the research. The researcher found that 14.2% of respondents had experienced an assault, 35.6% had experienced a threat, and 60.9% experienced being physically afraid of a client. However, the most interesting finding of this research was that psychotherapists self-reported only being able to predict a confrontation with their client in 16 out of 187 possible occasions, which equates to a rate of 8.6%. With Bernstein (1981) commenting that "psychotherapists overwhelmingly did not possess the ability to predict the coming of a physical confrontation" (p. 545).

Scholars further provide general recommendations regarding how a practitioner should conduct a violence risk assessment (e.g. T. R. Anderson, Bell, Powell, Williamson, & Blount, 2004; Borum, 1996), and how aggressive client behaviours should be dealt with (e.g. Elliott, 1997; Johnson, 1988; Tishler et al., 2000). However, these are not structured guidelines that provide practitioners with a comprehensive understanding of what actions should be taken in a given situation. Government departments have their own established guidelines that will be applicable

to psychologists who work in these departments (for Western Australian examples see Department of Education and Training, 2007, 2008; Department of Health, 2004), and more broadly workplace violence guidelines are available that cover client violence (Mayhew, 2000; McWhorter, 1997; Occupational Safety and Health Administration, 2004; Perrone, 2000; Smith, 2002). However, these documents do not deal with the specific factors, risks and barriers that are unique to the psychological profession. Perrone (2000) compiled a report summarising the current workplace violence literature, as it applies to an Australian context. In his foreword to this report, Adam Graycar comments on the broad scope of behaviours that are encompassed by contemporary conceptualisations of workplace violence and highlights the need for management and prevention strategies to be catalogued and evaluated. In consideration of both the national and international workplace guidelines available, Perrone (2000) warns against applying generic violence management guidelines to specific professions and workplace settings, suggesting that doing so will lead to ineffective practices and a false sense of safety.

Research Studies

While not as abundant as review and opinion articles, the literature that deals with the management of client threats also includes research studies. The studies that have been reviewed below cover a range of health care professions and have been broadly grouped into three aspects of management: prevention, managing the situation while it is being experienced, and action that can be undertaken after the experience has occurred.

Prevention of Client Threats

Researchers (e.g. Fry et al., 2002; Guy et al., 1992; Magin et al., 2007) exploring the management of client threats have overwhelmingly focused on the prevention of such experiences. These researchers take a stance similar to Dubin (1981), who suggested that "the most effective management of the violent patient is preventative management" (p. 481). Research conducted by Guy et al. (1992) indicates that ensuring that professionals work in a safe building is one way of preventing client threats. Fry et al.'s (2002) research suggests that a safe work building can be achieved

by having environmental safeguards in place such as security screens, duress alarms, and restricting client access to areas of the building.

Professionals have reported a number of preventative measures that they take before making initial contact with the client. These measures include phoning the client before the first session to determine the client's level of cooperation (Fry et al., 2002), being clear about the service being provided to the client (Littlechild, 2005), and performing client screening (Magin et al., 2006).

Guy et al. (1992) studied, among other things, the protective measures that psychologists use to guard their own and their family's physical safety. A total of 339 American psychologists completed a two-page survey containing multiple-choice, numerical value, and ranking-type questions. The most common protective measure taken by participants (50%) was refusing to treat certain clients (also see Magin et al., 2007). Forty one percent of participants refused to disclose personal information to clients, 41% prohibited clients from attending their personal residence, 39% located their consultation office in a *safe* building, 38% specified intolerable behaviours to their clients, 30% discussed safety issues with loved ones, 30% did not list their home address in the phone book, 27% had a contingency plan for summoning help at the office (also see Naish et al., 2002; G. Shields & Kiser, 2003), 22% avoided working alone at the office (Fry et al., 2002; Magin et al., 2007), 19% hired a secretary, 18% terminated a threatening client, and 15% gained training in the management of aggressive behaviours (also see Adams & Riggs, 2008; Flannery, LeVitre, Rego, & Walker, 2011; Fry et al., 2002; Gately & Stabb, 2005; Naish et al., 2002; G. Shields & Kiser, 2003). Those psychologists who were attacked more often were more likely to seek training in managing aggressive clients (Guy et al., 1992).

Other preventative measures that professionals reported undertaking to reduce their risk of client threats were obtaining detailed client histories, including incidences of past violence during initial visits (Fry et al., 2002), ensuring that home visits are not undertaken alone (Hobbs, 1994; Magin et al., 2007), and having clients undergo a weapons check upon entering the office (Fry et al., 2002). Professionals have reported that being open, respectful, and honest with a client (Littlechild, 2005), as well as having good interviewing skills (G. Shields & Kiser, 2003) decrease the likelihood of a client threat occurring. Undertaking regular self-care, supervision, self-

regulation, and self-monitoring while with the client (Coster & Schwebel, 1997; Flannery et al., 2011; Fry et al., 2002) has also been reported by professionals to help them be alert to cues of potentially aggressive behaviour.

During the Incident

There were also a number of techniques and strategies outlined in these research studies that relate to professionals managing client threats as they are occurring. Professionals have reported that they discussed the behaviour with the client, which involved the professional being assertive and requesting that the client discontinue the behaviour (Franz et al., 2010; Stone, McMillan, Hazelton, & Clayton, 2011). Professionals have also reported avoiding being confrontational or bargaining with the client (Fry et al., 2002), and choosing to take no action in response to the client behaviour and instead let the situation play out (El-Gilany et al., 2010; Mayhew & McCarthy, 2005; Stone et al., 2011). When necessary, professionals have also physically defended themselves against the client (El-Gilany et al., 2010).

A number of professionals also reported employing de-escalation techniques during a client threat. Cowan et al. (2003) describes de-escalation as “a gradual resolution of a potentially violent and/or aggressive situation through the use of verbal and physical expressions of empathy, alliance and non-confrontational limit setting that is based on respect” (p. 65). Two reviews (see Cvitkovich, 2005; Price & Baker, 2012) of the de-escalation techniques published in the literature provide an understanding of what this process involves. Examples of some of the de-escalation techniques reported in these reviews include: allowing the individual to maintain their personal space, engaging calmly with the individual and attempting to establish a bond, using empathy while remaining professional and objective, aligning yourself with the individual by focussing on a common goal, using reflective listening techniques, letting the individual express grievances but respond selectively, setting limits calmly but firmly and balancing support (promoting the individual's autonomy) and control (boundary and limit setting).

Newhill (2002) surveyed 1129 social workers from Pennsylvania and California to determine, among other things, their responses to client threats. Participants were asked, using an open ended question, to recount in detail how they responded to their

most serious client threat experience. These responses were coded into categories by the researchers, with the four most common responses being, attempting to respond calmly and assertively towards the client (35%); calling a third party, such as the police or a security guard, for assistance (28%); providing therapy, medication or evaluating the intent of the threat (25%); and setting firm limits, imposing consequences or escorting the client from the agency (18%) (also see Franz et al., 2010). Some participants reported seeking help from co-workers, other staff, or other people, while others sought restraining orders or other official protection. However, 6% of participants did not receive help or support managing the situation (Newhill, 2002). Other responses reported by participants were leaving the situation and taking safety precautions if seeing the client again (also see Franz et al., 2010; Magin et al., 2007; Stone et al., 2011), acknowledging the reality of the threat but refusing to give in to the client's demands, accepting the threat as part of the job, or ignoring the threat and continuing with their work (Newhill, 2002).

Professionals reported that there are a number of sources from which they may request help including a staff member (Naish et al., 2002; Newhill, 2002), the police (Franz et al., 2010; Hobbs, 1994; Newhill, 2002; Purcell et al., 2005), or security (Newhill, 2002) to deal with the client's behaviour. For longer term experiences, such as stalking, professionals have reported increasing security at work or home, changing their home phone number, relocating their residential address or work practices, or consulting a lawyer (Purcell et al., 2005).

After the Incident

Researchers (e.g. Fong, 1995; Ting et al., 2008; Zimmer & Cabelus, 2003) also outlined actions that professionals reported they undertook after a client threat incident had occurred. Professionals have reported making a record of the incident in the client's case notes (Arthur et al., 2003), completing an incident report, or filing a formal complaint to the relevant authority (Farrell et al., 2006; Mayhew & McCarthy, 2005; Newhill, 2002). Some professionals have also reported the incident to the police (Fong, 1995; Tryon, 1986), security (Tryon, 1986), or instructed their lawyers to lodge civil proceedings (Fong, 1995).

Strategies have also been reported that are undertaken to deal with the outcomes of a client threat. A commonly reported strategy was discussing the incident with someone else (see El-Gilany et al., 2010; Farrell et al., 2006; Fong, 1995; Zimmer & Cabelus, 2003). Ting et al. (2008) undertook a quantitative study to explore the available supports and coping behaviours of 285 American mental health social workers, who had a client attempt or commit suicide. The supports that participants indicated were available to them were: supervision (also see Arthur et al., 2003; El-Gilany et al., 2010; Farrell et al., 2006; Fong, 1995; Guy et al., 1991; Tryon, 1986), administration or agency support; individual therapy; support group (also see Fong, 1995); family or friends (also see El-Gilany et al., 2010; Farrell et al., 2006; Mayhew & McCarthy, 2005; Zimmer & Cabelus, 2003); clergy or religion; and peers or colleagues (also see El-Gilany et al., 2010; Farrell et al., 2006; Fong, 1995; Mayhew & McCarthy, 2005; Naish et al., 2002; Zimmer & Cabelus, 2003). Participants were also asked to indicate which of the available supports was most effective in promoting their wellbeing. Sixty seven percent of participants reported having supervision available to them; however, only 39% considered it to be the most effective source of support. While peer support was only available to 29% of participants, 80% of those who engaged in peer support reported that it was the most effective form of support (Ting et al., 2008). Other researchers have reported professionals' use of formal debriefing (Arthur et al., 2003; Zimmer & Cabelus, 2003), and discussing the incident with the offending client, within a therapeutic context, as being an effective way of dealing with the aftermath of client threats (Farrell et al., 2006; Fong, 1995; Mayhew & McCarthy, 2005).

Ting et al. (2008) also outlined a number of positive coping behaviours reported by participants. These were prayer (also see Zimmer & Cabelus, 2003), exercise, meditation and seeking help. Help seeking behaviours include seeing a doctor (Mayhew & McCarthy, 2005) or beginning personal therapy (Guy et al., 1991; Purcell et al., 2005; Ting et al., 2008). Some professionals reported changing their work routines to help them cope with their client threat experience. Some preferred to take a break from the work environment, while others preferred to stay busy by spending more time than usual at work (Zimmer & Cabelus, 2003). It was also reported by some

professionals that they felt the need to avoid further contact with the offending client by terminating the provision of services to them (Fry et al., 2002; Newhill, 2002).

CHAPTER 3:

STAGE ONE - RESEARCH METHODOLOGY

The researcher's aim in the first stage of this research was to gain an understanding of how Australian psychologists perceive and experience client threats, in order to develop a conceptualisation of the phenomenon from which further research can evolve. With the above literature review highlighting the scarcity of research regarding psychologists' experiences and perceptions of client threats, the researcher decided to use a qualitative approach. Scholars such as Corbin and Strauss (2008); Creswell (2007); Donalek and Soldwisch (2004); and Liamputtong and Ezzy (2005), consider it to be the ideal way of undertaking a detailed and methodical exploration of a human experience in order to understand the feelings, experiences and perceptions of participants, where little is known about a phenomenon.

Design

The qualitative approach chosen by the researcher, to guide the first stage of the research, was grounded theory, as described by Corbin and Strauss (2008). The researcher used the systematic procedures described by them in designing the study; collecting and analysing data; and during the reporting stages of this research. In essence, the procedures outlined by Corbin and Strauss (2008), and earlier by Creswell (2007) and Strauss and Corbin (1990), require researchers to commence by exploring how the participants experience the specific phenomenon and then to continue by asking more detailed questions to gain a comprehensive understanding of the experience of the phenomenon itself, the causal factors that directly relate to the phenomenon, strategies for the management of the phenomenon and the consequences of experiencing the phenomenon. By exploring each of these aspects of the phenomenon, the researcher endeavoured to capture and articulate all the dimensions of psychologists' client threat experiences to develop a theory that accurately depicts this experience.

The use of a grounded theory framework, within this qualitative approach, meant that the researcher was able to explore the actions and interactions involved in the client threat process to gain a comprehensive understanding of psychologists' experiences (Corbin & Strauss, 2008). The researcher's preference for the use of a grounded theory approach stemmed from the lack of a complete and comprehensive theory of client threat as perceived by psychologists in the literature, and thus a lack of understanding of the processes surrounding its occurrence. A number of authors (see Cooney, 2010; Creswell, 2007; Holloway & Todres, 2003) suggest that a grounded theory approach is useful under these circumstances as it allows researchers to develop a theory that explains, in this case, how client threats are perceived and experienced by psychologists.

Authors (see Kendall, 1999; Melia, 1996; Robrecht, 1995) caution against the use of Strauss's structured grounded theory approach and suggest that it can lead to restrictive analysis (Kendall, 1999). Concern is also expressed regarding the possibility that researchers will get too caught up in the procedure rather than the content during analysis (Melia, 1996; Robrecht, 1995). Despite these documented concerns, Straussian grounded theory was selected for use in this research for three reasons. The first is that the structured guidelines for data analysis provide a useful guide to analysis when combined with the researcher's instincts and common sense. Cooney (2010) suggested that many of the researchers who have criticised the rigidity of these procedures have encountered problems because of their rigid application and not the procedures themselves. The second reason is that it encompasses the broader environmental and contextual factors that may influence the phenomenon (see Cooney, 2010), which allows for a more comprehensive conceptualisation of client threats and the factors that contribute to their occurrence. The third reason is that Straussian grounded theory is much more compatible with contemporary trends in theory and research. Strauss has been flexible with his evolution of grounded theory and this has resulted in an approach that is more attuned with current scholarly thinking (Annells, 1997; Cooney, 2010; Corbin & Strauss, 2008).

Participants

The recruitment of participants for the first stage of the research occurred between November 2009 and May 2011. This extended period was a consequence of the use of a theoretical sampling method in the recruitment of participants for the qualitative interviews.

Sampling Method

Theoretical sampling, as outlined by Chenitz and Swanson (1986); Corbin and Strauss (2008); and Coyne (1997), was used by the researcher to obtain a sample of psychologists to participate in the first stage of this research. According to authors such as Corbin and Strauss (2008) and Coyne (1997), theoretical sampling is a central aspect of the grounded theory development, and is of particular value, when exploring new and uncharted phenomenon as it allows for open discovery. Theoretical sampling has been described as:

A method of data collection based on concepts/themes derived from the data. The purpose of theoretical sampling is to collect data from places, people, and events that will maximise opportunities to develop concepts in terms of their properties and dimensions, uncover variations, and identify relationships between concepts (Corbin & Strauss, 2008, p. 143).

Theoretical sampling is considered by Corbin and Strauss (2008) and Coyne (1997) to be responsive to the data. This allows the research to be led by the emerging data and new concepts to materialise, guiding the direction of future data collection. Data collection and analysis have been described by them as circular processes, by which the researcher concurrently collects, codes, and analyses the data in order to inform subsequent areas of data collection. The researcher's initial selection criterion included all fully registered Western Australian psychologists. The sample included some psychologists who had experienced client threats, and others who had not. These criteria evolved over the course of the data collection process, leading to a final broad sample that included Australian psychologists with a variety of specialty areas, employment, and experience. With little previous research to guide the exploration of

client threats, theoretical sampling allowed flexibility in the direction of the research, depending on the themes that emerged.

Evolution of the Theoretical Sampling Criteria

As suggested by Draucker, Martsof, Ross, and Rusk (2007), the researcher documented how the evolution of the theoretical sampling method influenced the direction of the first stage of this research. The first round of data collection began with a broad target population which included all Western Australian psychologists. The recruitment process involved the dissemination of an email invitation to all psychologists whose email addresses were published on the then Psychologists Registration Board of Western Australia website. As a result of this recruitment, five interviews were conducted before the process was halted to allow for a comprehensive analysis of the data that had been collected during those interviews. This initial analysis revealed possible differences between the experiences of psychologists working in different areas of psychology (for example private practice and different government agencies).

Consequently, the second round of recruitment focussed on ensuring that psychologists from different areas of work (government, private practice, education, health, corrections) were represented in the research. This second round resulted in 10 additional interviews being conducted with participants who had responded to the initial email sent to Western Australian psychologists. On completion, each interview was analysed to ensure that new concepts were followed up in subsequent interviews.

At the conclusion of these first 15 interviews, a preliminary theory was developed to map out the emerging themes and determine areas for more detailed exploration of psychologists' experiences and perceptions. At this point, areas of deficit were identified and the interview schedule was amended to ensure that a more in-depth exploration of these areas was undertaken.

The researcher decided that in the third round of recruitment the priority would be to ensure that the sample varied according to the areas of endorsement that participants held. This was done to ensure that any variations in experiences across areas of endorsement were captured. Within Australia, endorsement is a legal mechanism through which entitled psychologists are recognised for additional

qualification, and advanced supervised practice in one of nine areas of specialisation (Psychology Board of Australia, n.d.). This third round involved asking those participants who had been interviewed by the researcher to forward the email they received, about the research, to colleagues who may be interested in participating.

The third round of recruitment resulted in 10 additional qualitative interviews. Similar to previous rounds of data collection, each interview was analysed upon transcription to ensure that new and incomplete concepts were explored in greater detail in subsequent interviews.

Upon the completion of the 25th interview, a revision of the preliminary theory was undertaken and the relationships between concepts were developed during further analysis. Continuing to obtain a spread of demographics, within the psychologists being interviewed, was determined to be beneficial to the research. Ensuring a spread in terms of the following participant characteristics maximised the variation in the sample: gender, experience, area of work, area of specialisation, and locality in a rural or regional setting. By ensuring that participants ranged in relation to these characteristics, scholars (see S. C. Brown, Steven, Troiano, & Schneider, 2002; Chenitz & Swanson, 1986; Coyne, 1997; Patton, 1990) suggest that the data are more likely to capture variations among the experiences of client threats and representativeness is more probable within each of the emerging concepts.

This revision of the developing theory also identified that an emerging dimension of psychologists' client threat experiences was the barriers to managing client threats. This new dimension provided an additional area of exploration in subsequent interviews, and the interview schedule was adapted accordingly.

For the fourth round of data collection, contact information of potential participants was again accessed from the then Psychologists Registration Board of Western Australia website. In this instance, a cover letter and information letter was posted to psychologists who were identified as potential participants. All psychologists registered in Western Australian were required to provide a mailing address on this website and, therefore, a larger portion of psychologists meeting the required characteristics could be contacted. A total of 10 interviews were conducted as a result of this round of recruitment. Due to the parallel analysis that occurred throughout this stage of data collection, it became apparent that there were still new sub-themes

within concepts being discussed by participants. Therefore, a fifth round of recruitment was required to ensure that each concept was fully explored.

The fifth, and final round of recruitment, came about as a result of the researcher being contacted by a potential participant who had experienced a significantly traumatic client threat and had been given the details of the research by a previous participant. This participant was outside the initial parameters of the inclusion criterion, which required participants to be currently practicing as a psychologist in Western Australia. The unique nature of this psychologist's experience resulted in the researcher determining that this initial exclusion criterion needed to be relaxed to ensure that the developing theory of client threats could be as comprehensive as possible. The relaxing of this criterion meant that two potential participants, who had previously contacted the researcher but were not interviewed, were re-engaged and participated in the research. Connections through these psychologists from other states in Australia ultimately led to a total of 10 psychologists being interviewed in this round of recruitment. The broadened criterion meant that telephone interviewing had to be introduced as a data collection method as the researcher lacked the resources to travel interstate to perform face-to-face qualitative interviews.

After 45 interviews no new concepts were emerging from the data and the researcher was confident that each of the identified categories was developed to the full extent of their properties and dimensions. Furthermore, the researcher was confident that the relationships between the concepts had been developed. According to Corbin and Strauss (2008), when this occurs, saturation in the data has been achieved and data collection can cease. Upon completion of the data collection process, no registered psychologist who approached the researcher to participate in the research was excluded from participation in the research.

Participant Demographics

The final sample of participants consisted of 45 registered Australian psychologists. Table 3.1 below, provides a breakdown of the demographic characteristics of the psychologists who participated in the first stage of this research. Sampling did not focus on gaining representation from each Australian state and

territory and, in fact, focussed solely on Western Australian psychologists until late in the sampling process. Consequently the majority (89%) of participating psychologists worked in Western Australia at the time of the research. The gender of participants closely matched the 3:1 female to male ratio that currently exists within the Australian psychology profession (Australian Health Practitioner Regulation Agency, 2011). The experience of participants, as registered psychologists, ranged from 3 months to 37 years. There was a minimum of three psychologists interviewed from each area of professional endorsement, as well as psychologists not holding an endorsement, ensuring representation across the areas of the profession.

Table 3.1

Demographic Characteristics of Participants in Stage One

Demographic	Number of Participants	Percentage of Participants
Gender		
Male	11	24%
Female	34	76%
Experience		
0 - 5 years	13	29%
6 - 15 years	17	38%
16 - 30 years	13	29%
31+ years	2	4%
Area of Endorsement		
Clinical	8	18%
Clinical Neuropsychologist	3	7%
Community	3	7%
Counselling	5	11%
Educational / Development	4	9%
Forensic	3	7%
Health	3	7%
Organisational	3	7%
Sports and Exercise	3	7%
None	10	22%
Current Locality of Work		
South Australia	2	4%
Victoria	3	7%
Western Australia	40	89%
Area of Employment		
Private Practice	15	33%
Government	25	56%
Non-Government Organisation	5	11%

In the analysis of the qualitative data gained from these participants, the data have been assigned a number that corresponds with the order in which the interviews

were conducted. Therefore data from the interview conducted with participant one has been marked P1.

Materials

An information sheet (see Appendix D) was given to participants during the recruitment process which allowed them to weigh the merits of the study in their own time, and later provide informed consent if they chose to participate in the research. The consent of participants was formerly recorded by their signing of a consent form (see Appendix E) which outlined their obligations and rights as a participant.

Background Information

The interviews began with a number of background questions (see Appendix F) that related to the participant's demographics and work as a psychologist. These background questions were asked verbally to gain information regarding; gender, experience, endorsement, area of employment, preferred modality, typical clientele, and work locations. Not only was this demographic information used to guide the theoretical sampling process as outlined above, but also to provide an outline of the characteristics of the psychologists who participated in the research.

Semi Structured Interview

To gain an understanding of psychologists' perceptions and experiences of client threats, the participants were asked to participate in a semi-structured interview. Corbin and Strauss (2008) suggest that, even though the data collection processes within a grounded theory methodology should be flexible and adaptive, an interview schedule still needs to be developed for the purposes of ethical integrity and to provide an initial direction for data collection. While this schedule (see Appendix G) evolved as the interviews progressed, it outlined the initial domains that were covered in all of the interviews performed. The interview began with the statement "The research that I am conducting is about psychologist's experiences of feeling threatened. Have you ever felt threatened by a client? Please tell me about this experience." This open-ended question designed to elicit a free narrative account of participant's client threat experiences.

In accordance with Strauss and Corbin's (1990) instruction regarding the type of fundamental categories (causal condition, strategies, intervening conditions, consequences) that should be considered when exploring a phenomenon, specific questions and prompts were used to illicit information regarding client threats in each of the following domains: experiences, perceptions, consequences, and management. Questions relating to these domains varied according to whether the participant had ever experienced a client threat. All interviews were recorded, which required the use of a high quality digital voice recorder, and were later transcribed verbatim.

Procedure

For the first stage of the research, participants were interviewed individually by the same female interviewer. Thirty eight of the interviews were conducted face-to-face with the participants at locations that they indicated were convenient for them (this was predominately either at their home or workplace). The remaining seven interviews were conducted via the telephone at a prearranged time.

Participants were provided with an information sheet at the time of recruitment and again at the beginning of the interview. Participants were assured that their identities would remain confidential and any questions that the participant had about the research were answered. Once the consent form had been signed by the participant (or verbal consent had been recorded in the case of telephone interviews) the researcher started recording the interview and began by asking standard demographic questions, which led straight into the semi-structured interview. The length of the interviews varied from thirty to ninety minutes in length, with an average length of approximately one hour. All of the interviews conducted for the first stage of the research were transcribed verbatim to ensure that an accurate analysis of the interview contents could be conducted. As prescribed by Morse (1994), the accuracy of the transcripts in relation to both language and punctuation was established by simultaneously reading the transcript and listening to the associated recording to ensure there were no inconsistencies.

Rationale for Telephone Interviews

While face-to-face interviews remained the preference of the researcher, seven of the interviews needed to be conducted over the phone due to either the geographical location of the participants (six of the participants lived interstate) or because it was the preference of the participant for their convenience.

There are documented limitations with the use of telephone interviews in qualitative research, such as; a limited scope for the development of an interpersonal relationship between the researcher and participant (see Sweet, 2002); difficulties in developing and maintaining rapport (see Barriball, Christian, While, & Bergen, 1996; Burnard, 1994; Sweet, 2002); difficulties in maintaining the flow of the conversation (see Sweet, 2002); and increased risk of data being lost or misinterpreted (see Garbett & McCormack, 2001).

The researcher also noted documented advantages to undertaking qualitative interviews via the telephone. This includes the relative anonymity offered by a telephone interview which may be preferred by some potential participants (see Burnard, 1994; Carr & Worth, 2001), and also allow for the discussion of sensitive information more freely (see Carr & Worth, 2001; Novick, 2008). Telephone interviews enable data to be collected in a more efficient manner in terms of time, ease, and cost (see Carr & Worth, 2001; Chapple, 1999; Sturges & Hanrahan, 2004; Worth & Tierney, 1993) and the researcher can take notes throughout the interview without causing any distractions to the interviewee (see Sturges & Hanrahan, 2004; Sweet, 2002). The interviewee can also more easily terminate the interview if they no longer wish to participate (see Burnard, 1994; Sweet, 2002). Finally, scholars also note that phone interviews enhance the safety of the researcher (see Sturges & Hanrahan, 2004).

Both the advantages and disadvantages outlined in the literature have been gained predominately from anecdotal accounts of the use of telephone interviewing and little evidence has been presented to substantiate them (Novick, 2008; Sturges & Hanrahan, 2004). Novick (2008) reviewed the available literature on the use of telephone interviews in qualitative research. He found that only one article provided a systematic comparison of the impact of face-to-face and telephone modes on the nature and depth of interview responses. In this article, Sturges and Hanrahan (2004)

compared the use of face-to-face and telephone interviewing in the collection of qualitative data. Their comparison of interview transcripts revealed no notable differences in the quantity or quality of data obtained from the interviews that they conducted. There was no clear evidence in the literature to negate the use of telephone interviews as a method of data collection in qualitative research (see Carr & Worth, 2001; Novick, 2008; Sturges & Hanrahan, 2004; Sweet, 2002). Novick (2008), in fact, goes as far to suggest that there is an unsubstantiated bias against using telephone interviewing in qualitative research. After careful consideration, it was the researcher's preference to accept the documented limitations of telephone interviewing because of the access it provided to participants that would not otherwise be able to contribute to the research. The advantages of gaining additional and diverse data outweighed, in the mind of the researcher, the possible limits of this method.

Data Analysis

The data analysis that occurs in conjunction with the data collection process, within a grounded theory methodology, is thoroughly outlined in the literature by authors such as Glaser and Strauss (1967), Strauss and Corbin (1998), and Creswell (2007).

Grounded theory provides a procedure for developing categories of information (open coding), interconnecting the categories (axial coding), building a "story" that connects the categories (selective coding), and ending with a distinctive set of theoretical propositions. (Creswell, 2007, p. 160)

Boeije (2002) suggests that grounded theory analysis should be fundamentally guided by the constant comparison procedure, by which categories are slowly developed through the comparison of different data with the aim of discovering patterns and themes. Creswell (2007) and Goulding (1999) outline that data are gathered, sorted into categories, and then additional data are collected and integrated with the developing categories to provide additional dimensions. This constant comparison procedure was used by the researcher to develop each category to its fullest extent. Guided by this constant comparison procedure, Strauss and Corbin

(1998) outline the three stage analytical process for grounded theory data that was employed by the researcher. While the process involves three separate stages of analysis (open coding, axial coding, and selective coding), Brown and colleagues (2002) highlight the importance of moving back and forward through these coding steps to ensure a complete understanding of the phenomenon.

Open coding, the first stage of the analytical process described by Strauss and Corbin (1998), involved the collected data being broken down into units of meaning through the identification of sections of data that relate in some way to the experience of client threats. Transcribed interviews were analysed line by line and any key words, phrases or passages were highlighted and recorded. These units were used to conceptualise and label the data, and were gradually clustered together to form distinct themes which were composed of several sub-themes. Creswell (2007) proposes that these sub-themes highlight the dimensions and characteristics of each theme. Strauss and Corbin (1998) suggest that the use of memos should begin in the initial stages of coding. The researcher maintained multiple scrapbooks throughout the data collection and analytical process in which thoughts, perceptions and queries were recorded as well as the evolving diagrammatic representations of data. As was suggested by Goulding (1999), these diagrams were crucial to the generation of themes and sub-themes within the data and provided a record of the evolution of the emerging theory that was useful in orienting the researcher during future revisions of these themes.

The second stage of Strauss and Corbin's (1998) analytical process is axial coding, which involves reducing the number of codes by grouping them together to show their relationships. After the initial open coding analysis had occurred, the open and axial coding phases occurred simultaneously to develop a theory that illustrated the interrelationships between themes, as well as the dimensions of each theme. At the suggestion of Creswell (2007) and Brown and colleagues (2002), diagramming was used to develop a theory that outlined how client threats were experienced, the factors that contributed to and protected against client threats, the consequences of experiencing client threats, and techniques and strategies for the management of client threats.

Selective coding is the third stage of Strauss and Corbin's (1998) analytical process, which built on the themes derived from the previous open and axial coding stages. Brown and colleagues (2002) suggest that the purpose of this stage is to pull all of the themes together and develop a story that explains all aspects of the phenomenon. During this time, patterns were identified in the data that allowed themes to be sequenced and consequently more abstract categories emerged. As authors have suggested (see S. C. Brown et al., 2002; Creswell, 2007; Strauss & Corbin, 1998), this stage of coding led to all aspects of psychologists' experiences of a client threat being mapped, forming the basis of the preliminary Client Threat Theory.

Methodological Rigour

Within the grounded theory literature, authors outline many procedures to promote the rigour of qualitative findings (see Chiovitti & Piran, 2003; Cooney, 2011; Creswell, 2009; Strauss & Corbin, 1998). The current research employed a number of procedures to not only ensure validity, but also reliability in the findings. In qualitative research, Creswell (2009) states that validity refers to the accuracy of the findings, created through the use of established procedures. The researcher employed three validity strategies; the use of peer debriefing to minimise the impact of researcher bias by inviting interpretation of the data beyond the researcher, the use of memos outlining sampling and analytical decisions so that decision making processes regarding the research are transparent, and finally the use of member checking to ensure that the participants agree that the coded themes reflect their experiences of client threat (see Chiovitti & Piran, 2003; Cooney, 2011; Creswell, 2009). An example of the grounded theory audit trail developed while analysing the data can be seen in Appendix H.

The process of member checking involved the researcher emailing a Summary of Findings (see Appendix I) document to all 45 participants of the first stage of the research, with an invitation to provide feedback on the theory and its fit with their experiences. Eleven participants responded to this email. Of these, seven participants simply acknowledged their satisfaction with the theory and/or confirmed that it fitted with their experience(s) of client threat(s). However, four participants provided comments and/or queries about an aspect(s) of the theory. A reply was sent by the

researcher to these participants to clarify their feedback and provide a response to their comments or questions, along with an invitation to provide additional feedback.

The feedback supplied by these participants, in relation to the Preliminary Client Threat Theory, formed part of the theory validation process undertaken in the second stage of this research. The feedback was reframed to pose questions to a convened panel of experts in the second round of the validation process.

Creswell (2009) states that within the field of qualitative research, reliability refers to the consistency of findings across different researchers and different projects. The researcher employed two reliability procedures; transcripts were read over in concurrence with the interviews being played to ensure the accuracy of the transcripts prior to analysis, and codes were constantly compared to the data to ensure that there was no shift in the meaning of codes during the analytical process (see Gibbs, 2007).

Ethical Issues

Ethical issues must be considered in all forms of research to ensure that participants and the collected data are treated in an appropriate manner. Orb, Eisenhauer, and Wynaden (2001) state that the most significant potential ethical issues encountered in qualitative research are informed consent, confidentiality, data generation and analysis, researcher-participant relationships, and reporting of final outcomes.

A full disclosure regarding the nature of the research was made to potential participants (see Appendix D) and informed consent was gained upon their decision to take part in the research (see Appendix E). Confidentiality was maintained by through the de-identification of transcripts for the purposes of analysing and reporting the data. A number of steps were taken by the researcher to ensure that the data analysis provided an accurate representation of participants' experiences and did not contain any misinterpretations. These steps have been outlined in the *Methodological Rigour* section. The interactions between the participant and researcher need to be balanced in order to encourage disclosure, trust and awareness of potential ethical issues (Orb et al., 2001). The researcher ensured a balanced relationship by providing participants with an opportunity to ask questions about the research or the researcher and then

beginning the interview by eliciting an uninterrupted free narrative from the participant. The final reporting of outcomes occurred as the participants were informed it would, and the identity of participants could not be determined from the participant quotes included.

In addition to those outlined by Orb, Eisenhauer, and Wynaden (2001), Lichtman (2013) also suggests that do no harm, intrusiveness, and inappropriate behaviour are significant ethical issues in qualitative research. A researcher has an obligation to predict possible harm and benefits that may be experienced by the participant (Lichtman, 2013; Orb et al., 2001). The most significant possible harm associated with this research project was participants being asked to recount adverse experiences from their past. In anticipation of this possible harm, the participants were provided with contact information for a variety of counselling services and were told that they could discontinue the interview at any time.

A participant of research has a right to expect that a researcher will not be excessively intrusive on their lives. This includes not intruding unnecessarily on the participant's time, space, and personal lives (Lichtman, 2013). Participants in this research were given an estimate of time interview would take before they committed to undertaking the interview. Upon agreeing to participate, they were asked to provide dates, times, and places that were convenient for them to be interviewed. The researcher went to the place nominated by the participant to conduct the interview. Research participants also have the right to expect that a researcher will not engage in inappropriate behaviour (Lichtman, 2013). The researcher had received training as a clinical psychologist and consequently relied upon the Australian Psychological Society's Code of Ethics (Australian Psychological Society, 2007) to guide interactions with research participants.

The Edith Cowan University Ethics Committee furthermore approved and monitored the execution of the research process and the researcher did not compensate participants for their time in taking part in this study.

CHAPTER 4:

STAGE ONE - FINDINGS AND INTERPRETATIONS

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Five core categories (these being; trigger, knowledge, risk assessment, management and consequences) emerged from the data collected from participants in this first stage of the study. Before looking at these core categories more closely, it would be useful to provide a context for these categories. This would include reporting how the participants defined the construct of *client*, as it was left to them to do so, and how *prevalent* they considered client threats to be. It is also useful to note at this stage that any quotes provided by participants in the research, that substantiate assertions made in this section of the thesis, have been provided in italics. The source of these quotes is identified in relation to the participant number assigned to that interviewee and the interviewee's gender, for example (P13 - F) indicates that the quote was taken from the transcript of the interview conducted with the 13th participant and this participant was female.

Participants defined client very broadly to include a range of people. As would be expected, this included the person or persons to whom they were providing a service. However, their scope of who constituted a client was broadened to also include the family members of this person.

The parent actually then came into the school and was very aggressive in that situation. (P45 - F)

Where participants were interacting with people, such as potential employees of a company, on the instruction of an employer, they further defined the employer as a client.

When I was an external consultant for recruitment purposes, it was about performing outplacement, psychometric testing for recruitment purposes to individuals, and providing the service obviously to the paying client who was the employer. (P39 - F)

Participants also conceptualised a client to be an individual who may not traditionally be considered to be the client of the psychologist, such as psychology students.

Okay, you need to define what you mean by client because, again, I mean, I'm a university lecturer. So, you know, my form of practice is students. (P40 - F)

All these scenarios are covered by the definition of *client* in the Code of Ethics of the Australian Psychological Society (2007), but in this study participants went beyond that definition to include people whom they did not directly provide a service to, but who received services from their employer.

So he wasn't a client of mine but he was a client of the building if you like where I worked. (P20 - F)

It is worth noting that approximately one quarter of participants initially indicated that they had not experienced a client threat through the course of their career. However, as the interview proceeded, all participants reported incidences that they perceived as threats.

I've never felt threatened by a client... but there was one occasion - I think it's only one occasion... (P1 - F)

It is possible that participants initially interpreted the term client threat narrowly, only referring to incidences of direct verbal or physical threats from a person to whom they were directly providing a service.

So I perceive it more as somebody verbally or physically intimidating some sense of harm directed at myself. So that's how I would perceive client threat. (P20 - F)

As these interviews progressed, participants broadened their conceptualisation of client threats as they reviewed their experiences with clients and their reactions to them.

Finally, participants differed notably regarding how prevalent they considered the risk of a threat. Some participants felt that being a psychologist meant that they would inevitably experience some degree of client threat on a regular basis.

I think it's the nature of the work that we're in and it's like there's almost a level of acceptance about those types of events. (P15 - F)

They provided a number of reasons for this assumption, the first of these being the nature of the relationship between the psychologist and the client.

People tell things to a counsellor they don't tell their lovers. I can remember the number of times I've heard somebody say, 'I've never told anybody else this before'. They share really secretive stuff and you talk about stuff that people don't talk about... so it can kind of create a false intimacy for some people, can imply there's more to this relationship than a professional boundary one... To me it's absolutely critical to have been self-aware enough to know that, that I am entering into an intimate relationship but it is not any other kind of relationship, it's not a sexual relationship, it's not a friendship, it's not any other kind of intimate relationship, it's a professional therapeutic one but it's an intimate one. (P24 - M)

The second reason for this assumption was that participants often work with individuals who have psychological problems.

You're working with the clinical population, that's why you're being a psychologist remember? So you're not going to get safe clients all the time. (P2 - F)

The third reason for this assumption was that the clients of psychologists often have traits that make them more difficult to manage.

I mean look at what we do. We don't deal with well-adjusted people, they just wouldn't be coming to see us... We deal with people who have difficulty regulating their emotions, tolerating distress, behaving or reacting appropriately. That is what we do, so we can't just draw a line in the sand and say oh no we're not going to accept that when the very nature of our work is at some level accepting that and working with that so there has to be some tolerance... for that. (P15 - F)

Finally, participants indicated that the nature of the interaction that psychologists undertake with their clients may also lead to clients having an increased tendency to become threatening. This may be because clients find the interaction with the psychologist emotionally challenging or otherwise threatening.

We have to ask hard questions and people don't like, you know, always answering them. Or the assessments that we have to do sometimes have really quite significant negative outcomes for people, you know, I might say that I recommend that they can't make decisions for themselves anymore and that can obviously be very distressing for people. (P33 - F)

Conversely, other participants who were interviewed perceived client threats to be rare.

To be honest, this is like, although I've mentioned a few situations, I don't think it's something that happens a lot in our work, you know. (P28 - F)

There may be a number of reasons for this lack of agreement regarding the prevalence of client threats. It could be that the setting in which psychologists work influences their perceptions.

I think certainly the forensic psychs who work more with the prison populations and are more involved in the court arena, they're probably ... yeah, they're at higher risk, I would say. (P32 - M)

I think health psychologists may well be less likely to experience threat than some other psychologists. In particular I think clinical and forensic psychologists are the speciality areas of psychology most likely to receive threats because of the kind of work that they do. (P38 - F)

Regardless of the reasoning, there is a clear split, in the participants of this research, regarding the perceived frequency at which client threats occur. It is possible that this divide exists within the psychological profession more broadly, leading to differences in opinion regarding the need to be aware of and prevent client threat situations.

Triggers

Through the course of the interviews, participants reported a range of triggers to their client threat experiences. These triggers are specific behaviours that clients exhibited and lead to the participants feeling that their wellbeing was at risk. While it

was most common for participants to be triggered by client behaviours that were targeted at them personally, they also recounted situations in which they felt threatened as a result of triggering behaviours that they perceived to be targeted at others. More specifically, a client undertaking a threatening behaviour towards a participant's family member was considered to trigger a client threat for the participant themselves. Participants commented that they felt having children made them more vulnerable to client threats.

You're much more vulnerable though once you've got children because the threat to them becomes higher. Or your partner, but fortunately nothing ever happened... if I had a client who really wanted to harm me, he might harm my children before me. (P2 - F)

Client contact that triggered a threat for a participant and was targeted at a family member included behaviours that directly put the family member's wellbeing at risk. Participants indicated that triggers perceived to be targeted at a family member were more serious to them, than triggers that potentially jeopardised their own safety.

Well, I think if my work life endangers me it's a concern and something that needs to be managed very carefully. But obviously my caution level goes through the roof if I feel there's any way my work life might endanger my children. (P23 - M)

Participants also outlined incidences in which a client enacting threatening behaviour towards a colleague was perceived as a trigger to a client threat. These colleague directed, triggering behaviours were actions that the client undertook that the participant perceived put the colleague's personal or professional wellbeing at risk.

The guy I'd just interviewed had gone to get a hot drink and the guard said, you can't have that, and they got into an altercation and I had the other offender stood next to me and I had my clipboard in my hand and I'm thinking, I feel really unsafe here, I feel really unsafe here, and it escalated to the point where the guy threw the hot drink and it kind of went flying past me... the guard actually came up to me afterwards, sort of like, "Are you okay?", you know, I think he could see me going, "Oooh!". (P8 - F)

Another scenario reported by participants was client behaviours targeted at an inanimate object triggering a client threat experience for them. When a participant observed the client exerting physical aggression on an inanimate object, even though the client behaviour was not targeted at them personally, they still felt that there had been a risk of harm to their personal wellbeing.

I've had one guy throw blocks across the room. (P16 - M)

He begun to punch the wall and I thought, shit, if things don't go right here maybe I'll get one of those punches headed towards me. (P19 - M)

Regardless of the perceived target of the client's triggering behaviour, these behaviours have been classified as being either physical or verbal in nature. An outline of these two categories below demonstrates the range of client behaviours that had the potential to trigger client threats for the participants.

Physical Behaviour

The physical client behaviours that were identified by participants as triggering a client threat experience involved the client undertaking a physical action that caused the participant to feel that their wellbeing was at risk. As outlined in Table 4.1, eighteen separate physical behaviour triggers were identified by participants.

The first of these physical triggers outlined by participants was the client smoking in the presence of the participants. A client engaging in this unhealthy behaviour (whether the client be smoking cigarettes or marijuana) puts the health of those in their vicinity at risk.

I've been to one home visit where the marijuana smoke was so thick I had to go out and sit on the kerb before I could leave, and you know, so those sort of things. (P8 - F)

The next physical behaviour outlined by participants, that triggered a client threat experience, was the client giving them a gift.

Someone you're working with has come in and brings you a gift, what can you do? Do you refuse the gift? Do you not refuse the gift? (P5 - M)

Table 4.1

Physical Client Behaviours that Triggered a Perception of Client Threat

Physical Behaviour
Smoking
Giving a Gift
Lodge False Complaint
Sending Correspondence
Body Language
Slam Door
Bang on Object
Damage Property
Throw Object
Move into Personal Space
Contact Outside Appointment
At home
At work
Public area
Withhold Payment
Complete Suicide
Sexual Behaviour
Push
Grab
Produce a Weapon
Knife
Fire arm
Strike

The client lodging a formal complaint against the participants was another client behaviour that was identified by participants as a trigger to a client threat experience.

He made an accusation that I'd had sexual contact with him in the sessions. He [my boss] got me to come into the room, got the guy to come in and he said, "You've made some allegations, can you please say what you've told me", and he said that I was masturbating in the room with him and that I'd been spreading rumours about his sexual orientation at the school and, you know, a lot of stuff, sexual stuff, and I was just flabbergasted... what happens in the therapy room, it is one word against the other, if someone alleges something, what do you do? Unless they've got a video camera hidden and you've done something then the ... but otherwise it's one word against the other. (P5 - M)

Another physical trigger identified by participants was the client sending them aggressive correspondence.

Then he would send me about, every day, 20 emails of about 30 pages each every day for two years just about... but he kept on just this tirade... you should kill yourself and we should shoot you and you should jump off a cliff. (P36 - M)

Participants in the research also suggested that there were aspects of the client's physical body language that served as a trigger of a client threat experience. A client displaying, through their body language, that they were experiencing a high level of arousal was a specific example provided by participants.

Just his really high level of arousal and my strong sense of not being able to contain that and so what I was sort of picking up if you like, his arousal. (P9 - F)

I guess his body language was becoming quite hostile. He was just clearly getting really annoyed at me. He was sort of putting his hat on and, you know, all of his body language was quite defensive and a bit threatening as well. Like I said, his face went flushed and his voice was becoming louder and louder. (P33 - F)

Another physical client behaviour identified as a trigger was the client slamming a door.

I've had a [client] here who's got very angry at the session, where it was going, and he wasn't getting what he wanted so he stormed out the room and slammed the door. (P4 - M)

The client banging forcefully on an object with their fists was also experienced by participants as a client threat trigger.

He stood up, he was banging the table, doing those sorts of things. (P30 - F)

Property being damaged by the client was another physical behaviour identified as a trigger.

Then you could hear this bang, smash, like he was destroying something. (P27 - F)

Participants indicated that a client picking up an object and throwing it was also a physical client behaviour that triggered a client threat. In the scenarios described by participants, the object was not thrown directly at them.

I've had one guy throw blocks across the room... a temper tantrum because he was getting frustrated with the task. (P16 - M)

The client moving into the personal space of the participant was also perceived to be a trigger of a client threat experience.

The way he encroached upon my personal space, you know, demanding that I write a letter 'cause he's paying good money for this session, and things like that. (P4 - M)

Physically he was very close to me looking down, quite agitated and things like that. (P21 - F)

The participants also experienced instances in which clients made unsolicited contact with them outside of their scheduled appointment. In some instances the client made contact with the participant at their home.

He must have found my address out of the phone book and he came to my gate. (P1 - F)

On other occasions this contact was made at the participants work.

He kept coming back to court where I was working, all the time. (P8 - F)

This unsolicited contact was also made towards the participants in a public area.

I was walking down a back alley to the lunch bar and he actually came up beside me and started walking with me, just out of nowhere. And so I was quite unnerved by that experience because it was different again to being in the office where you're surrounded by other staff and you're in your professional role, this is when you're on your lunch break walking to somewhere and he comes up and he's obviously, you know, been watching and sort of knows where you are... And also I was in a back alley so there wasn't a lot of people around. I mean, there was no-one around, it

was away from the main road so I was quite unnerved at that time. (P30 - F)

Participants reported that a client withholding payment for psychological services as another client behaviour that triggered a client threat. In this instance it is inaction on the part of the client that is the source of the threat.

There are clients who don't want to pay their bill. (P14 - F)

Another physical client behaviour identified as a trigger to a client threat experience was the client committing suicide.

There's levels of how close people are to that decision to take their life, and sometimes you miss it. I've lost two clients but, you know, that was part of larger issues, but it's pretty awful when you do. (P2 - F)

Acting out sexual behaviours was another way in which a client's actions set a client threat experience in motion for the participants.

Many years ago being on a telephone helping a client and being aware that someone was masturbating on the other end of the phone. (P20 - F)

The client pushing participants was also identified as a trigger of a client threat experience.

A young man there, he actually pushed me up against a wall. I can't remember what I'd done to annoy him he did actually physically push me up against the wall. (P13 - F)

Also, the client grabbing hold of participants was also experienced as a triggering client behaviour.

There was one time where it was actually the victim and he obviously had some mental health issues and he was in my office and he grabbed me by the wrist, and I had to get the security out. (P8 - F)

Participants indicated that a client producing a weapon, while in the room with them, was also experienced as a client threat trigger. In a number of recounted

situations a knife or similar instrument (i.e. a razor or stanley knife) was used as a weapon to threaten the participant.

I thought she was pulling her homework out of her bag but she pulled out a 20cm butcher's knife and started complaining about the job network and employment agency... she stood up and she started swearing and carrying on. (P43 - F)

There was also a situation in which a gun was brought into the participant's office and used as a weapon against them.

I spent almost three and a half hours locked in my office with her pointing the gun at me and firing off shots at various times around me, working out the best way that she might dispose of me... she pointed the thing at me and when I asked her what she was doing, she said, "I'm going to kill you,"... and so there I was locked in my office with this person pointing a gun at me and firing bullets and nobody knew... about three hours and 20 minutes is my recollection. (P34 - M)

The final client behaviour identified by participants as being a trigger of a client threat experience was the client physically striking the participant.

I have been struck by a patient when I was doing a placement at Heathcote. The patient got very agitated, lashed out and I don't think he intended to really injure me, but he did, you know, hit me across the upper part of the body lashing out. (P4 - M)

While the physical client behaviours reported by participants range in perceived severity, all of the reported behaviours were the trigger of a client threat experience for them.

Verbal Behaviour

A range of verbal client behaviours were also outlined by participants as triggers to their client threat experiences. These verbal, behavioural triggers involved clients undertaking verbal actions that caused participants to feel that their wellbeing was at risk. As outlined in Table 4.2, eight separate verbal behaviour triggers were identified by participants.

Table 4.2

Verbal Client Behaviours that Triggered a Perception of Client Threat

Verbal Behaviour
Shouting
Swearing
Divulge Knowledge of Personal Information
Seek Personal Information
Recount Experiences
Sexual Comments or Invitations
Malicious Verbal Comments
Make Verbal Threats
Threat of legal action
Threat of self harm
Innuendo of physical harm
Threat of physical harm
Threat of sexual harm

The first of these identified triggers was the client shouting at the participant.

She got extremely angry and stood up and screamed, shouted, so saying, "I'm tired of his behaviour and I just want you to fix him" - extremely angry - and so she... stormed out and was still shouting at everything... it was a very aggressive act. (P7 - F)

The next verbal behaviour identified as a trigger of client threat by participants was the client swearing at them.

The amount of times I got called a stupid bitch and you kind of start to joke about it, it's the only way you can cope because otherwise if you took it personally you'd just go home and cry. (P12 - F)

Participants in the research also suggested that when a client divulges knowledge of the participant's personal information, it is a trigger of a client threat experience for them.

He knew everything about me. Where I studied, what thesis I did in 1983 or '84. He thought the University didn't exist anymore because it changed names... He knew what my renovations of my house was, how much it cost, knew my home address. (P36 - M)

Similarly, the client seeking personal information about the participant was also experienced as a client threat trigger.

But he's saying... "By the time I see you next I'm going to know whether you've got children or not." (P23 - M)

Another verbal client behaviour identified as a trigger was some of the stories that were verbally recounted by the client.

Thinking about people's terrible stories can be a threat. (P1 - F)

You do hear terrible stories... a boy raped a four year old and then I heard about all the rape that was going on in his community and that stuff doesn't leave you, you know. It just doesn't leave you, it's horrifying and it's horrible to contemplate and it's horrible to know that it's happening. (P14 - F)

Sexual comments or invitations being made by the client were also identified by participants as a verbal client threat triggers.

There was lots of sexual innuendos... I certainly have loads of people being inappropriate with me... They've got a person who's being friendly to them, who's listening to them and they obviously feel comfortable and they'll just make comments that might be inappropriate. (P33 - F)

Another verbal behaviour undertaken by clients, which led to client threat experiences for participants, was malicious verbal comments. Such comments can range from inappropriate language:

The amount of times I got called a stupid bitch and you kind of start to joke about it, it's the only way you can cope because otherwise if you took it personally you'd just go home and cry. (P12 - F)

To intentionally harmful statements:

When they begin to talk about your family like your wife and children, and start commenting on that. (P36 - M)

The final verbal client behaviour identified by participants as being a trigger of a client threat experience was the client making verbal threats. These verbal threats were experienced by participants in a number of different ways. The first of these was the client threatening to take legal action against them.

The dad rocks up, just throw abuses, demanding to see people... it's just that intimidating, abusive, "I'm going to take you to court, I've seen lawyers", you know. (P8 - F)

Another form of verbal threat experienced by participants was clients threatening to undertake self-harming behaviours.

"If you don't do this for me I'm going to go off, I'm going to cut myself, I'm going to do this, I'm going to do that"... and it is a threat in that if you are not fixing things, you are not working for me, I am going to create problems for you and they don't have the same care and concern for themselves that they don't see it as harming themselves, it's more an act against you, you know, I don't care whether I'm bleeding out. I know that you are going to get in a shit load of trouble if this isn't sorted so. (P12 - F)

Clients also made innuendos of physical harm against the participants in the research.

You know "this is what I am capable of", "this is what I have done so don't mess with me" kind of thing. (P12 - F)

Verbal threats of physical harm were also reportedly experienced by participants.

He would actually make quite explicit threats like, "I'm going to find out where you live, I'm going to come to your house"... And to me he was just always saying, 'I'm going to f-ing kill you, I'm going to do this, I'm going to do that', so just very explicit sort of threats. (P30 - F)

Finally, clients were also reported to have made verbal threats of sexual harm against participants.

Sort of sexual kind of aggressive type of words... Well, the implication, yeah, I suppose that he could rape you or he could, you know, molest you or sort of be aggressive or something like that, if not kill you. (P30 - F)

Similarly to the physical client behaviours, these verbal behaviours reported by participants range in perceived severity, however, they all triggered a client threat experience for different participants. Quantifying and comparing the level of risk perceived to be associated with each of these triggering behaviours is beyond the

scope of this research, however it provides an interesting area of exploration for future research.

Conceptualisation

In addition to identifying a specific client behaviour that triggered their client threat experience, participants appear to classify their experience according to the type of threat being experienced and the perceived target of the threat. While the trigger is the observable behaviour of the client, the conceptualisation is the psychologists' perception and classification of that observed trigger. Participants in the research reported conceptualising client threats as posing a risk to either their personal wellbeing, their professional integrity, a colleague's wellbeing, or a family member's wellbeing. If the target of the behaviour is ambiguous, for example a book is thrown at the wall and therefore is not targeted at a specific person, the threat is categorised in regards to the person's wellbeing that is most at risk. If the client was in the room with the psychologist, it would be a physical-personal threat and if the psychologist walked past a colleague's office and saw their client throw a book at the wall it would be a physical-colleague threat.

Personal Client Threat

Those client threats that participants conceptualised as being a risk to them personally were threats that put the participant's personal wellbeing at risk. As shown in Figure 4.1, participants reported conceptualising client threats that occur to them personally as being physical, sexual, verbal or psychological in nature.

Physical Threat

Client threats of a physical nature encompassed situations in which the participant perceived that his or her physical wellbeing had been endangered, or was at increased risk of being endangered due to the physical actions of the client. One example of a physical threat to the participant's personal wellbeing was an object being thrown by the client.

I delivered a report to him that was about him in that he was extremely unhappy with and he threw it at me and marched out of the room. (P12 - F)

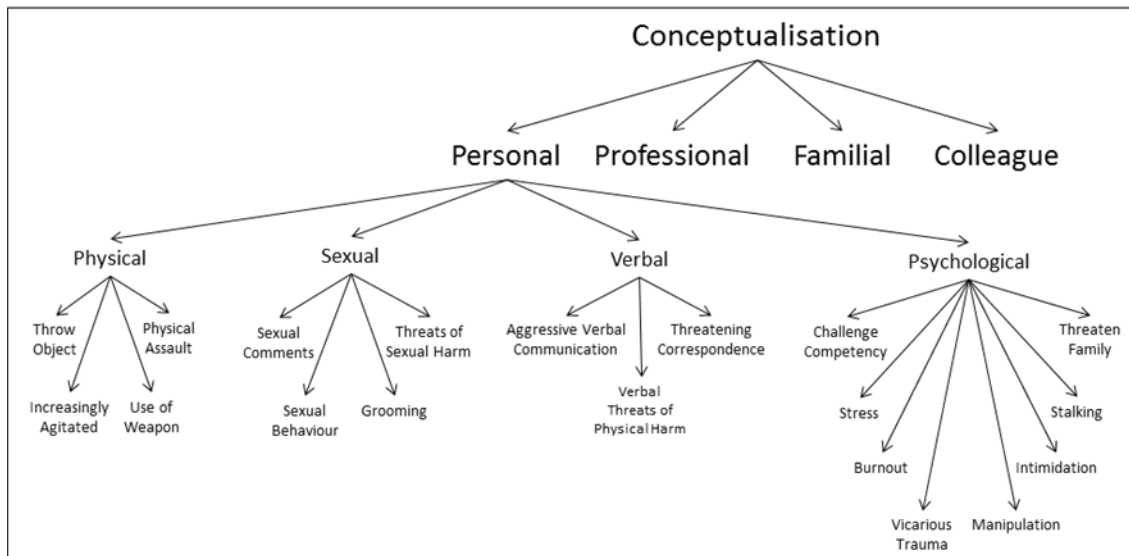


Figure 4.1. Participant's conceptualisation of client threats that are targeted at them personally.

Another example of a physical threat outlined by participants was the client becoming increasingly agitated and animated during their interaction with the psychologist. As a result of this agitation, the psychologist became concerned about further escalation in the behaviour and also about his or her immediate personal safety.

They became really animated in the room and were jumping up and not necessarily you know going for me but they were really uncontrolled in the room and were starting to scream and bang on windows and things like that. (P12 - F)

The next example of a physical threat outlined by participants was the client using a weapon to create a threat towards them.

We spent about two or three hours of her with a knife to my throat, assaulted, very close to attacking me... she got a knife out of the kitchen and held it; she's quite strong, she's bigger than me... with a knife to my throat against the wall. (P2 - F)

The final example of physical threat to themselves personally provided by participants was the client physically assaulting them. This behaviour involved the client making forceful physical contact with the participant.

A very big autistic adolescent grabbed me and threw me against the wall and he got really angry. (P4 - M)

He reached over and slammed the sliding door into me. I remember having a bruise. (P10 - F)

Sexual Threat

Participants also conceptualised a number of client threats as being sexual threats to their personal wellbeing. Such client threats occurred when participants perceived that their wellbeing had been endangered or was at increased risk of being endangered due to the client engaging in inappropriate sexual behaviour. A sexual client threat was experienced by participants when clients made inappropriate sexual comments to participants themselves or a comment sexually objectifying participants while in their presence.

Even if someone says, 'Oh, you look quite nice', or 'I like your body', or something like that, that's quite threatening. (P26 - F)

They obviously feel comfortable and they'll just make comments that might be inappropriate. (P33 - F)

Sexual client threats were also reportedly experienced in the form of the client engaging in a sexual behaviour. This involved the client engaging in sexual behaviour with the purpose of gaining gratification while interacting with the psychologist. This has been experienced by participants while interacting with clients over the phone.

Being on a telephone helping a client and being aware that someone was going to masturbate. (P20 - F)

The client using grooming behaviours on the participant during the course of their interactions with the client was also conceptualised as a sexual threat. This behaviour involved a client, who had a history of sexual offending, using their established grooming behaviours to try to manipulate the psychologist during their interactions.

He repeatedly said my name, and I felt it was like he was grooming me, and that actually made me feel so uncomfortable... he threatened my personal space and my comfort. (P8 - F)

Some of them can groom like you wouldn't believe. (P12 - F)

The final form through which personal sexual threats were experienced by participants was through the client making a verbal threat of sexual harm by indicating to the participant that they intended to sexually assault them.

A lot of swearing, a lot of really inappropriate use of words, particularly towards females, which I won't need to repeat here, but you know, sort of sexual kind of aggressive type of words... the implication was that he could rape you or he could, you know, molest you or sort of be aggressive or something like that, if not kill you. (P30 - F)

Verbal Threat

Client threats of a verbal nature refer to conceptualisations of client threat in which the participant perceived that his or her physical wellbeing had been endangered or was at increased risk of being endangered due to verbal or written communication with the client. A verbal threat to their personal wellbeing was experienced by participants in the form of the client using an aggressive communication style. This relates not only to the content of the client's communication (inappropriate language, such as swearing), but also the way in which the message is conveyed (the use of an aggressive tone or shouting).

She became really uncontained and she was screaming at me and I understand that that's just about her being unwell but it's pretty frightening. (P12 - F)

Another... woman... basically just abused me, you stupid f' n white C sort of you know that threatening language. (P13 - F)

A personal verbal threat was also experienced by participants in the form of a client making verbal threats of physical harm; involving verbal threats of physical harm being directed at the participant.

He just said to me "right now all I want to do is take that pen and stick it through your throat", and he walked over to the desk and

his voice was raised and he walked over and he sort of repeated that statement a couple of times. (P14 - F)

One final verbal threat experienced by participants was receiving threatening correspondence from a client.

[She] would continue to send me inappropriate messages - distressed ones or aggressive ones... So they're the sort of threat issues that we tend to deal with. She was just angry at me, you know, "How dare you talk to my mum"; "What the fuck are you doing?"; "You said you weren't going to say that" - that kind of thing. (P6 - F)

Psychological Threat

In the conceptualisation of client threats that occurred to participants personally, they also outlined a number of psychological threats. These occurred when the client engaged in behaviour that, either compromised their psychological wellbeing, or attempted to control their behaviour. A number of personal psychological threats were identified by participants; the first of these being when the client either presented with an issue or behaved in a way that led the participant to doubt their ability to deal effectively with the circumstances.

That's also a bit of a threatening feeling, when you're feeling out of your depth... you can feel threatened because you don't know what to do, feeling out of your depth. Threatened by your own incompetence... You get that feeling of petrification, which is probably worse than the other one. (P1 - F)

Another psychological threat identified by participants was their interactions with the client leading to them experiencing elevated levels of stress.

Things will flare up very quickly and they'll track you down and so it's quite hard actually to sort of manage your day... Sometimes we do need to see them so there is always that feeling of, just that you're kind of being intruded on... Definitely a threat to how I like to work, because I tend to be a bit more planned, and because there are a lot of things to do. And I guess it's a threat in a sense

of being able to maintain yourself, because it can be quite exhausting... So I guess it just becomes a bit harder to balance things out, and then that can be quite tiring. (P6 - F)

Participants also outlined that experiencing burnout as a result of their interactions with clients was another psychological threat to their personal wellbeing.

I'm threatened basically when anyone else walks through my door because I'm burnt out, so I'm actually at a place now where I'm thinking I don't know if I can cope with much more and so someone else walks in saying they're suicidal or self-harming, the effect it's having on me, at the moment, because it's end of term, I'm worn out, you know, it's like yesterday, I was going through that, why am I a psychologist, why am I doing this to myself, it's too much like hard work. The burden of responsibility of dealing with people's problems every day so much that you just kind of like go, enough! So that's when, I guess, it's about protecting your own sanity. (P8 - F)

The experiencing of vicarious trauma as a result of interactions with clients was also identified by participants in the research as client threats of a psychological nature.

I think I have more of an impact from the sadder clients than the ones who have had these terrible things happen and are really quite traumatised and I think that stays with me longer than potentially clients that are threatening or have been threatening or are of concern... I guess I'm being threatened by their sadness. (P10 - F)

Another psychological threat identified by participants was the client undertaking psychologically manipulating behaviours. In these instances, the client provided the participant with an ultimatum in an attempt to manipulate their behaviour.

So you know that's verbal, kind of if you don't do this for me then I am going to not necessarily do something to me but they are going to cause problems. (P12 - F)

The client undertaking intimidating behaviour was also conceptualised by participants as being a psychological threat to their personal wellbeing. This intimidation can occur either verbally or physically. A verbal form of intimidation occurs when a client shares information about themselves or their situation in an attempt to create fear in the psychologist.

He basically said "look, if I tell you what I know then you're at risk, trust me. Not only will they come looking for me, they'll come looking for you because you know stuff". (P12 - F)

She sat down and she said to me, she basically said "you know I have thrown a chair at one of you lot in the past". (P13 - F)

A physical form of intimidation occurs when a client physically imposes themselves on a psychologist or use physical mannerisms in an attempt to create fear in the psychologist.

I've had a couple of men who are very tall, broad men use their height and their size to physically intimidate me, yeah. (P40 - F)

The client undertaking stalking behaviours was also identified by participants as a threat to their psychological wellbeing.

He'd come to the court all the time, like, I had an office next door to the courts, and he'd come all the time and show up and they would come in and say to me, "Look, stay in the court, he's out there", and ask him to leave. It actually got to the point where I was so distressed by it that the court was actually looking at getting a restraining order against him to stop him from coming to the court. (P8 - F)

The final type of psychological threat that led participants in this research to feel vulnerable is the client making threats, to the participant, about their family. Such situations involved the client implying to the participant that they intend to, or are able to, access information about the psychologist's family and had the ability to subsequently act on this information.

But he's saying, "Have you got children?"... "By the time I see you next I'm going to know whether you've got children or not." (P23 - M)

Professional Client Threat

In addition to the client threats that participants conceptualise as being targeted at them personally, participants also outlined a number of threats that were perceived to be intended to impact them professionally. This type of client threat places the participant's professional reputation and integrity at risk and could ultimately jeopardise their employment and/or income. As shown in Figure 4.2, participants reported conceptualising client threats that occur to them professionally as being either financial or reputational in nature.

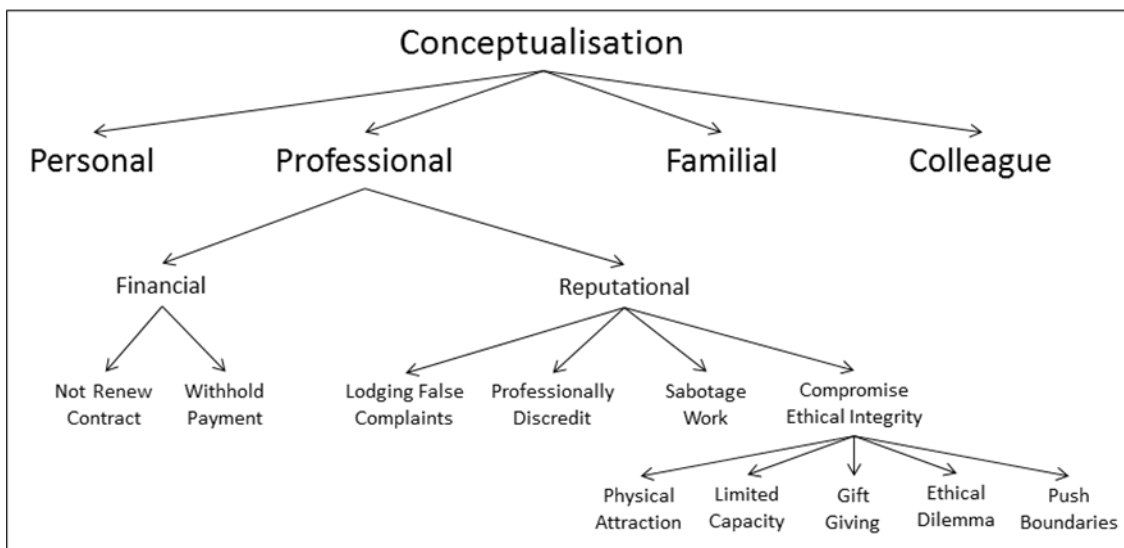


Figure 4.2. Participants reported conceptualising client threats that are targeted at them professionally as being either financial or reputational in nature.

Financial Threat

Financial threats refer to situations in which the client threatened to, or actually engaged in behaviour that adversely impacted on the participant's current or future financial position. One example of a financial threat provided by participants in the research was the client threatening not to renew the participant's professional contract. In the example below, the client is a corporate entity and the managers of the corporation are making the threat.

I've had sort of weak threats that if it doesn't work out we're not going to renew your contract or we're going to look for someone else... It's more the professional threat... it's just to say well if this doesn't work out we're not going to be in a position to renew the contract. So that is a perception of threat because you're not going to get return business... So there's more threat that we're watching you, we need this to work, we'll be evaluating and the final call is with us. A bit more cut throat, a bit more white collar environment. So the threats are more to return of business, completion of contract, the potential for a less than positive reference or referral on to another client. So the threat's more professional. (P19 - M)

Another example of a financial threat outlined by participants was clients withholding payment for services provided by the participant.

You're charging for the service so you could feel threatened that perhaps they're not going to pay you. (P17 - M)

Reputational Threat

Participants also conceptualised a number of client threats as being reputational threats to their professional veracity. Such threats occurred when the client, threatened to, or actually took steps to compromise the professional reputation of the participant. The first reputational threat, reported by participants, was the client lodging false complaints against the participant that had no basis of truth. The client fabricated a story about the participant's professional conduct in order to place their professional standing at risk.

If a client is legally minded and wants to do something, they're not happy with your performance, which may or not be warranted, sometimes perhaps you deserve to be reported to the board and involved with legal proceedings, but other times perhaps it's just a difficult person with emotional instability. (P41 - F)

The client professionally discrediting the participant was another reputational threat reported in the research. This involved the client making unfavourable comments to others about the standard and quality of the participant's work.

A few of them would sort of imply that I was a shit therapist and that they were going to tell my boss and all the other psychologists and all the prisoners and just professionally discredit me so there's a professional threat. (P13 - F)

The client sabotaging the work of the participant was also outlined as a threat that endangered their professional reputation. Participants reported that this involved the client either verbally stating that they are not going to support the participant in their work or covertly causing complications for the participant in reaching their desired professional outcome.

It becomes an underhanded attack where they'll either sabotage projects or they won't support them, or they will just take their sweet time getting back to you or just not return your calls, or whatever it may be. So, yeah, a lot more tactical. (P39 - F)

We can do a lot of work, a lot of research, a lot of writing trying to bring a project together... If the community group all of a sudden changes its mind or sometimes if the political layer gets involved, that can really threaten my work. It can turn it on its head in fact and I might have to start all over again. And that's happened. So there's a threat there, definitely. (P44 - F)

Finally, participants also reported experiencing threats in which clients compromised their ethical integrity. In these situations, as a result of their interactions with the client, the participants felt that their professional ethical integrity was, or had the potential to be compromised. The first way in which this was experienced was them feeling physically attracted to a client.

There's been those ethical challenges where... you meet some people that you find really attractive and you think, you can't act on it but complete ethical boundary there. But you can perceive that internally, this is a threat, I don't know that I can actually

work with this person... obviously you deal with hundreds and hundreds of people, you're going to find people occasionally there – wow, what a lovely piece of human being you are. (P24 - M)

The second way in which participants reported being ethically compromised was when their professional capacity to provide psychological assistance to a client was limited. This may either be because of certain characteristics of the client or because of their own personal circumstances.

He is the only man, the only client in my career, that I have ever said I cannot walk into a room with him, it would be personally damaging to me and it would be unethical professionally because I know I can't do my job... My response to him is more about knowing what he is capable of. (P13 - F)

With adolescents you've got to be very there, as there as you can be, and so if I'm sitting there going, "Shit, I've got to do my notes, I've got to call that parent back, then I've still got that report to do, then I've got to go to assembly", so if the time management is out of kilter it's much harder to be sitting there with a child and be listening to what they're saying and responding to what they're saying and thinking about the things that you have to do. (P6 - F)

A client giving a gift was another situation in which participants reported perceiving that their ethical integrity had the potential to be compromised.

The person might be trying to be nice to you, you know, sometimes there's a grey area. Someone you're working with has come in and brings you a gift, what can you do? Do you refuse the gift? Do you not refuse the gift? There are ethical issues, APS ethics, but I think you also need to be mindful of culture as well, 'cause in some cultures, their way of showing gratitude is to give you a gift. If you don't ... if you refuse the gift, the experience is a slap in the face. So those sorts of things I think are not just black and white, and you've got to listen to your own process. (P5 - M)

Participants reported experiencing ethical dilemmas, which had the potential to compromise their ethical integrity.

I've got this girl with self-harming behaviours and her mum and dad are not taking any action in terms of intervening to look after this girl, and what's going to happen? Then what's going to happen to me if she then goes and kills herself, because I know about it? (P8 - F)

Clients pushing the boundaries of the therapeutic relationship were also experienced by participants as potentially compromising their ethical integrity.

The boundary pushing that you get with adolescent girls. So things like asking to be your friend on Facebook, contacting me once they're no longer students and wanting to keep a counselling relationship going... I'll certainly get students who will say, "can I be their friend?"... I think Facebook is really personal and I don't want to know what they're doing and I don't want them to know what I'm doing. (P6 - F)

Familial Client Threat

Not only was risk to participants themselves conceptualised as a client threat, but also risk posed to a member of their family. A number of participants in this research commented that they felt having children made them more vulnerable to client threats.

I guess, your kids are your weakness and it makes you vulnerable to people potentially hurting your three kids. (P8 - F)

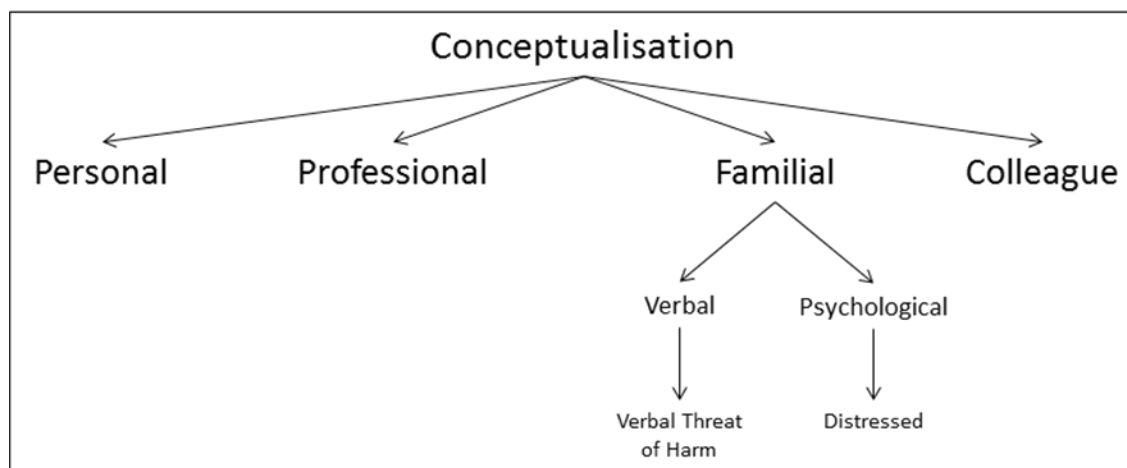


Figure 4.3. Participants reported conceptualising client threats directed at a family member as being either verbal or psychological in nature.

Client threats that are directed at the participant's family are threats that put the psychologist's family's wellbeing at risk. Figure 4.3 illustrates that participants experienced a client threat as a result of a family member being either verbally or psychologically threatened by a client.

Verbal Threat

A verbal threat to a family member occurred when the participant experienced a reaction as a result of observing or hearing reports about a client engaging in verbal or written communications with a family member that threatens their personal wellbeing. More specifically, this was experienced by participants as a client making verbal threats of physical or sexual harm to the family member.

Then every now and again, he would ring my home. But if ever I answered it... the phone would go down. Anytime my wife answered, he would say things like, "I'm going to come and burn your house down, I'm going to come and rape you"... My wife was pregnant at the time and she was getting panicky every time the phone rang, you know, because, "Oh my God, should I answer it, should I not?". (P5 - M)

Psychological Threat

A psychological threat to a family member occurred when the participant experienced a reaction as a result of observing or hearing reports about a client engaging in behaviour that directly compromised the psychological wellbeing of a family member, or in some way attempted to control their behaviour. This was experienced by participants in the form of family members becoming emotionally distressed after some form of contact with a participant's client.

People would come up to me in the checkout... but my kids would be with me, I'd be in the shops and they'd come up and say, "He died last week", or something like that, and they'd just break down into tears, and my kids would say, "Mum, why do the people come up to you and cry all the time?"... they picked up a lot on what was going on around me. (P2 - F)

Colleague Client Threat

Participants in this research have also felt threatened when a client of either themselves or a colleague have threatened the wellbeing of that colleague. Client threats that were directed at a participant's colleague, as a by-product, led the participant to perceive that their wellbeing had been, or could be, compromised. Figure 4.4 illustrates that client threats to a colleague were experienced as being physical, sexual, verbal, psychological, or reputational in nature.

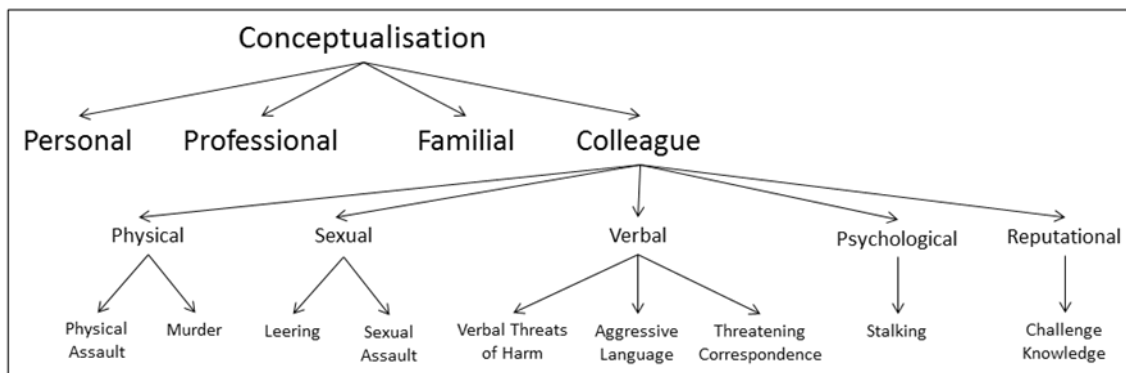


Figure 4.4. Participants reported conceptualising client threats that were targeted at a colleague as being either physical, sexual, verbal, psychological or reputational.

Physical Threat

A physical threat to a colleague occurred when participants experienced a reaction as a result of observing or hearing reports about a client enacting a behaviour towards a colleague that caused physical injury, or could have caused injury. One example of a physical client threat experience was a client physically assaulting a colleague.

The nurse was severely beaten and almost died as a result of that.

(P9 - F)

Another example of a physical collegial threat was participants having colleagues who were murdered by a client.

We've had one of my old mentors run down, he was murdered by his patient. He was a clinical psychologist in Port Hedland, about 10 years ago, and he was dealing with a patient, and the patient actually, because Port Hedland's a very small place, the patient

went around to his house one day, and killed him. You know, that's pretty aggressive. (P4 - M)

Sexual Threat

A sexual threat to a colleague occurred when participants experienced a reaction as a result of observing or hearing reports about a client engaging in inappropriate sexual behaviour toward a colleague. One of these sexual threats experienced by participants was clients leering at colleagues. This client behaviour was described by participants as an overall *creepy behaviour* on the part of the client.

This guy who is creepy, he is creepy but has been exhibiting increasingly more and more creepy behaviour in her presence, leering, she's felt threatened effectively. (P13 - F)

Another sexual threat was experienced in the form of a client sexually assaulting a colleague.

One of the prisoners got an education officer and raped her down in Bunbury and he was actually one of our clients on our books here. (P12 - F)

Verbal Threat

A verbal threat to a colleague occurred when participants felt threatened as a result of observing or hearing reports about a client engaging in threatening verbal or written communication with a colleague. An example was a client making a verbal threat of physical harm against a colleague. This behaviour has reportedly been experienced in two ways. The first being situations in which colleagues are being verbally threatened.

A couple of times they were implying that they were going to do something to somebody else in the unit or to an officer. I had one client for a while there who was threatening to kill a senior officer and making those kinds of threats, not against me but it is against me because I am going to be in a shit load of trouble again if this happens and you know she knew that's how she could get a rise

out of me and because she was sentenced for willful murder I know that she is capable of this. This isn't just empty threats so it's something to get a reaction, it's like poking you, you know, do something. (P12 - F)

The second are situations in which the psychologist's organisation is threatened.

We've also had a couple of threats against the branch, so under the reception counter, there's a photo of one particular client who could be a risk to the branch... He's got a lot of aggressive threats against the organisation. (P4 - M)

Another example provided by participants that constituted a verbal threat to a colleague was the use of aggressive language. This behaviour involved a client using explicit language and an aggressive tone when communicating with a colleague.

And he became very angry and he said, 'That's a fucked up question', and basically she tried to kind of say something to go, 'Well, I didn't mean it that way', and he just got really angry and he stood up, and I was standing up at the time as well, I was kind of handing out something, and I was standing between him and her and he was looking right through me, or next to me, at her. So it was a threat towards her, a very direct threat, where he was saying this is stupid and blah, blah, blah, and swearing and at her, but I was in between. (P26 - F)

One final example of a verbal threat to a colleague provided by participants was the colleague receiving threatening correspondence from a client.

So another colleague... had a parent who was very unwell who harassed them with 3 page emails, with, "Fuck you, I'm going to fucking kill you, fuck, fuck", you know, just rant and rant and ranting. (P6 - F)

Psychological Threat

A psychological threat to a colleague occurred when participants experienced a reaction as a result of observing or hearing reports about a client engaging in behaviour that compromised the psychological wellbeing of the colleague or in some

way attempted to control the colleague's behaviour. Participants reported experiencing such a threat when a client undertook stalking behaviours against a colleague.

Strange things started happening around her house and neighbours were getting phone calls asking if she lived there, was she home, and there were cars out the front. (P13 - F)

Reputational Threat

A reputational threat to a colleague occurred when participants experienced a reaction as a result of observing or hearing reports about a client threatening to, or actually, compromising the professional reputation of a colleague. Participants reported that they experienced this type of client threat in the form of a client directly challenging the knowledge of a colleague. In the example below, the threat comes from the manager of a corporation.

We've actually had a new staff member seconded into my team who was not familiar with any of the processes but was attending the meeting for the first time, and one particular manager she would ask the question, I have responded, and then turn to the new staff member in front of me and the other manager, and said, "So can you explain that to me?" It was a political tactic... it was very inappropriate, and little things like that happen constantly. (P39 - F)

Risk Assessment

During the course of the interviews conducted for the first stage of this research, participants outlined that during a client threat experience there is a stage at which they undertake an assessment process to determine the level of risk that the client threat poses. This risk assessment process was described by some participants as a cognitive threat assessment to gauge the level of threat and the reason behind the threat.

On some level I obviously process the risk, make a determination and it's more about me and then go into risk management mode essentially. (P21 - F)

Well I guess you do, or I do, maybe most people engage in some sort of subjective threat assessment, who is this person? What do I know of them? What's the context? What's the environment? You know are they having a tantrum? Or am I actually about to be assaulted. (P13 - F)

Other participants outlined this threat assessment as being unstructured and continuing throughout their interaction with the client.

I guess it's a continual process. It's not something that I just do and then it's done and I don't think about it again. And a lot of it is not necessarily a really structured approach, like I do a structured risk assessment with clients talking about have they had thoughts of harming themselves, harming others, that sort of thing. But it's also, you know, the assessment takes in the client's presentation, their behaviours and body language during the session, tone of voice, their reaction to various questions that I ask. There's not a set protocol that I follow for a psychometric assessment or anything... But, yeah, I guess, you know, if clients seem to be very defensive over things and can get aggressive over various questions then that's just something I guess I'll know to make note of in my case notes and be aware of. (P22 - F)

From an analysis of the interview data, it appears that a number of factors are taken into consideration during this assessment of risk. The specifics of these factors are outlined later in this section under the headings *Characteristics of the Risk* and *Professional Efficacy*, however, there are also general aspects of risk assessment that are discussed by participants.

Determining Level of Risk

These, more general aspects of risk assessment, pertain to the determination of whether this experience of a possible client threat possess a sufficient level of risk to the individual to warrant further consideration and perhaps action.

Perceived Intent Behind the Threat

Participants outlined that their perception of the client's intent behind the threat is an aspect they consider in determining the perceived level of risk. Participants suggested that in interpreting a client threat, they would determine whether they perceived that the emotion behind the threat is directed at them specifically. If they determine that the threat has arisen from general negative emotion, and they are not the source, then in the participants mind this reduces the level of risk.

They are getting angry but I don't know, it seems quite understandable because what they're talking about is really difficult and they don't want to go there. But it doesn't seem that they're necessarily kind of really hating you or targeting you, they're just angry because life has been shit or it's just been really difficult or whatever the kind of issue is and they don't want to talk about it, and that's completely understandable. (P18 - F)

Participants identified that in many instances a client will engage in the threatening behaviour in response to a set of circumstances and not their interaction with the psychologist.

Because it's not towards me. The anger's not directed at me. They're angry about something or I've had couples where there's been shouting, you know, and body language to show that they're not particularly happy with what's being said by the other individual. But the anger, I don't feel threatened because the anger's not directed at me. Sometimes it might be really strong emotions at the perpetrator of abuse or something like that but they're not directed towards me so I think it's healthy to explore strong emotions. (P20 - F)

Similarly, there were situations in which the client would undertake threatening behaviour in response to participants personally and this does, in the mind of the participants, increase the risk associated with the threat.

As I said there's many lower levels of threat that I've had or felt and I'm certainly very familiar with seeing angry men even if they're not angry at me but just reading the cues... I know the difference between someone who's angry and someone who's angry at me. And he was angry at me and it was going to become personal. (P21 - F)

Feeling versus Being Threatened

Another aspect of the client threat that participants considered in determining the potential level of risk was whether they were actually *being* threatened or simply *feeling* threatened. On the one hand, feeling threatened is the participants' own subjective perception that they are in a set of circumstances that poses some potential risk to their wellbeing. On the other hand, being threatened is a more objective notion by which it could be established that a threat did actually exist in that set of circumstances.

Feeling threatened and actually being threatened are vastly different things and the one that I respond to is feeling threatened and I will often seek guidance from others about whether or not that's rational, am I actually being paranoid, am I responding to something that, you know as an independent third party when I describe my response to this am I being a bit freaked out and creeped out necessarily and sometimes I am and sometimes I'm not, so yeah I seek some clarity on my own radar, make sure I am not going mad. (P13 - F)

The participants in this research were able to identify situations in which bystanders have felt that participants were being threatened but participants themselves did not perceive there to be a high level of threat.

We have an Asperger's kid that was really going off and getting really, you know, "I'm going to hit someone" and I stood in front of

him, just like we're standing around talking to him and someone said to me later that they were really worried I was going to get punched, and I said, "He wasn't going to hit me", and I said, "No, no, at no time did I actually feel unsafe because he wasn't going to hit me". I said, "I knew he wasn't going to hit me". So it's knowing and being able to read, and differentiate those times when it's an actual threat or just a perceived one... But no, at no point, with that kid, did I actually think he was going to hurt me. At all. But they were convinced he was because he was saying, "I'm going to punch someone". And I'm like, "No, you're not". (P8 - F)

There were also instances in which participants felt threatened, but upon later reflection thought there was no immediate risk to their wellbeing.

I felt threatened without actually being threatened. Do you know what I mean? I felt uneasy and frightened without there necessarily being any real observable threat... I felt uneasy as though there is a potential threat in prisons... So this person hasn't threatened me but I'm hyper vigilant when I encounter someone because for some reason I'm feeling uneasy. (P13 - F)

In determining whether they are feeling or being threatened, participants are essentially evaluating the level of subjectivity in their interpretation of the situation. Being subjective, a client threat can be experienced differently by different individuals within a similar set of circumstances. Consequently, participants seem to be reluctant to definitively label an experience as a client threat as they may doubt their interpretation of the circumstances.

Even if there were to be some sort of policy, very sort of concrete policy on a descriptor and where that line is and what that line looks like, you might see it or be able to visualize it but how do you know? I guess when the client has crossed that and to what extent and what's the implications of that and what are the implications of me calling it or putting it on the table or reporting it. Am I perhaps over reacting? Is this something that if I leave will it disappear? Can we work through it? Should I disregard the

*relationship and what I can do for this client and protect myself?
Do I really need protecting? Are my reactions appropriate here?
And I guess you know trying to balance my needs with the client's
needs and I guess you know we're trained to put the client's needs
as a priority and when you bring our needs into the session I guess
that's when I struggle with that. (P15 - F)*

The cognitive process surrounding this determination of whether a participant is feeling or being threatened remains unclear, as does the impact that this determination has on their assessment of risk. Regardless of the ambiguity surrounding this process, participants identified that this determination between feeling and being threatened does play a role in their risk assessment process.

Continuum

For the purpose of determining if a client threat poses sufficient risk to warrant further consideration, the data suggests that participants conceptualise experienced client threat on a continuum. Rather than a participant being categorically threatened or not, client threat is actually a continuum on which the level of threat can range from low to high.

*But there are shades of threatened... so it kind of goes from
discomfort up to danger, I guess. (P1 - F)*

*I think that will depend on the level of the threat. I mean if it was
just so intense that you knew you had to be out of the room then
there's a serious threat... somebody totally freaking out in the
office and saying, "I'm going to kill you and I'll hunt you down and
I'll find out where your family lives", and that kind of thing and
really screaming, shouting and rage. I would see that as severe...
then I would see more just a medium kind of one as just like, "You
told my wife this and I'm not happy with this and I'm really going
to make you pay", and stuff like that... In terms of the quite mild
threat... perhaps that's not even something said directly to me
threatening but more where there is just that raised voice. (P7 - F)*

Conceptualising client threat in such a way also fits with the perceptions of some participants that the nature of the work that psychologists undertake means that they are always in a state of threat when around clients.

So I mean, the more I go on, the more I realise you're in a state of mini to high threat a lot of the time... you're often dealing, by the nature of your work, with people who are troubled, upset, distressed, grief stricken, angry, they're not involved with a psych at whatever level because they're happy, because they're in a calm, reasonable state. (P2 - F)

Even those participants who did not explicitly state that they conceptualised client threat as a continuum demonstrated that their construct would fit within such a framework. They outlined how feeling *uneasy*, *discomfort* or *confronted* were less serious than feeling *directly threatened*.

I think there's been multiple situations that have left me feeling uneasy but never a time when I felt myself directly threatened. (P23 - M)

When I think about people that I've worked with in prison, it's more about that sense of discomfort, that kind of, that maybe they haven't threatened you or said anything very direct, but the potential is there. (P26 - F)

This would fit with conceptualising threat as a continuum as the feelings of uneasiness and discomfort would indicate that the participant was on the lower end of the threat continuum while experiencing a direct threat would place the participant further up the continuum.

Threshold

In regards to actually determining if the level of risk is sufficient to warrant further action, participants talked about having a personal threshold for the level of threat they experience. This threshold is their limit on the threat continuum by which they gauge whether a threat impacts on them significantly and requires action.

But you develop a lot of emotional capacity to handle complex environments... You know how people go out and do training every day and get physically fit. If you go out and listen to enough stories and can hang in and can learn from it you develop emotionally, so you actually can climb higher mountains, you can listen to a whole story, and most psychs learn to do this if they stay in the game, you can actually listen to hours of absolute awful stuff, but learn to wash it away, but you've got to watch it. (P2 - F)

The participants also discussed the notion of this threshold moving over time. Some participants discussed their threshold for threats increasing with experience.

By the time I'd been doing this for a long time, what I would perceive as a threat was much different, the threshold for me by then was quite high. Whereas for a brand new psych or a person who's not that way inclined, they just wouldn't go there. (P2 - F)

It is also conceivable that a participant's threshold for threat may be reduced after experiencing a significantly threatening situation. It would appear that if the client threat being experienced by a participant was over their personal threshold of acceptable risk, then this determined that the client threat warrants further attention.

Characteristics of the Risk

In addition to the general aspects of risk assessment outlined above, there are specific factors, which an analysis of the interview data suggests, are taken into consideration during a participant's assessment of risk. These risk factors relate to either the *likelihood* or the risk occurring of the *severity* or the risk if it does eventuate (see Harris, Jenkins, & Glaser, 2006). As part of the risk assessment process participants made determinations about the characteristics of the client threat that was being experienced. In doing this, participants considered two aspects of the current threat; these being factors that increase the level of risk associated with the situation (aggravating factors) and factors that decrease the perceived level of risk (protective factors). If a psychologist was looking to take measures to prevent the occurrence of client threats, avoiding aggravating factors and implementing the protective factors outlined below would assist in this endeavour.

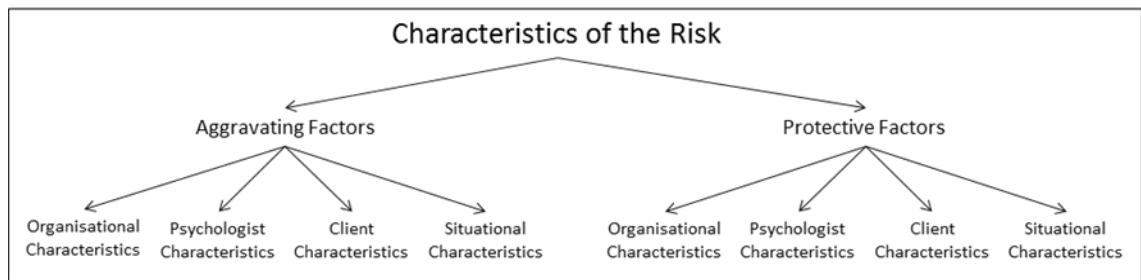


Figure 4.5. Aggravating and protective factors are considered by participants when assessing the level of risk associated with the current client threat.

As Figure 4.5 demonstrates, the aggravating and protective factors mirror each other in regards to the types of characteristics that influence a participant's perception of risk. The participants identified characteristics that relate to the organisation they work for, themselves, the client, and the situation more generally.

Aggravating Factors

The aggravating factors identified by participants provide an extensive range of characteristics that they perceive indicate the presence of increased risk. They provide a checklist of factors that may indicate an increased likelihood or severity of risk associated with a threatening situation and therefore their presence indicates that more care should be taken within that situation. These aggravating factors were grouped according to the source of these factors.

Organisational Characteristics

The first source of aggravation identified by participants was the organisation that they work within. In this context, the term organisation refers to all the professional settings and structures in which the participants worked and included small businesses, private practices and all other employees. As shown in Figure 4.6, these organisational characteristics were further categorised into factors that relate to the organisation's structure and those that relate to the organisation's policies.

Organisational Structure

The way an organisation is structured to provide its psychological services and manage its employees can be a source of aggravating factors. For example, it was

suggested by participants that organisations lacking a formal support structure can increase the risk of them being exposed to client threats.

There was not ever direct threat to me but there was often anxiety because there I am in a small country town, it's the early nineties, there's absolutely zero mental health services around, and suddenly I was seeing these people who were like really, really unwell. (P2 - F)

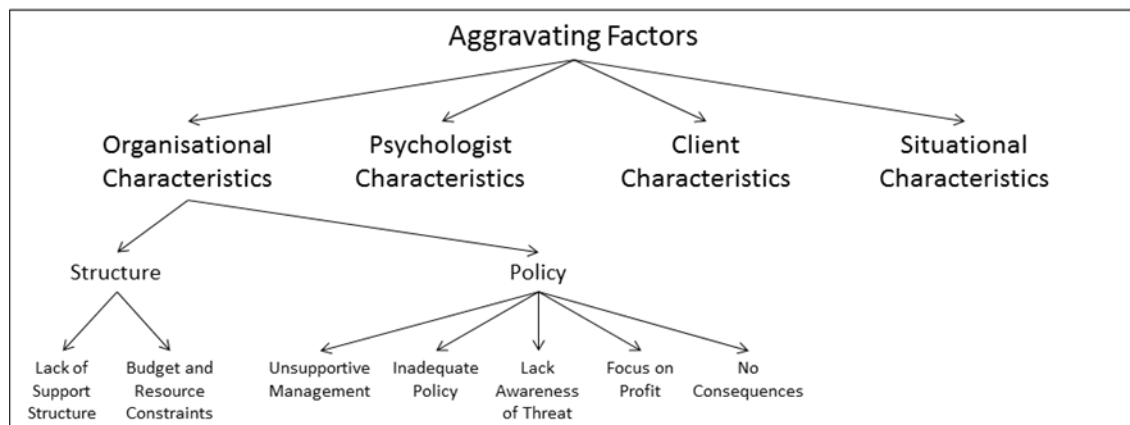


Figure 4.6. The organisational characteristics that participants perceived increased the level of risk associated with client threats experiences.

Similarly, an organisation's budget and resource constraints can also increase the risk a of client threat.

We don't have lots of money to be able to put duress alarms in the rooms and that sort of thing... and the practicalities of hiring a person to be there all the time, we don't have a full-time receptionist so we don't even have someone out there that can be there as a second person all the time. Financially it's not really viable for us to hire another person just for that reason. (P22 - F)

Organisational Policy

The policies that an organisation employs to maintain the goals of the service, the standard of services, and manage the employees were also identified as a source of aggravating factors. The first of these is the organisation having an unsupportive management team.

I didn't know how to handle someone who was just so aggressive and... just really horrible to be in her presence and she shook me a lot. I almost left [work] at that point because I had a lack of support there. I didn't have supervision, I didn't have a manager who was particularly supportive at that time and you know I was a little bit inexperienced around that point and I was acting up as the supervisor and... I didn't have a more experienced person to manage me, to recognise what was going on because I couldn't do it for myself. (P12 - F)

The organisation may have also failed to implement adequate policy to protect the safety of their employees.

Professionally it was a real struggle because I really took issue with the way the agency had responded to this client's behaviour. I really think that the agency was responsible for pretty unethical treatment and that the client actually had a right to get angry. So for me professionally that meant having to negotiate that with my manager and my supervisor and the other staff members involved, but it also meant having to walk a bit of a tight rope between the agencies who kind of need to protect all of its staff and to follow policy and procedure which as a staff member I have to kind of agree to as well, but I guess appealing to that need to treat every case individually and not just blindly apply procedure when there are extenuating circumstances. (P11 - F)

It has also been the experience of participants that some organisation's lack of awareness of client threats contributes to the likelihood of experiencing client threats.

I think some of the organisations that people can work for... they're unaware of that kind of level of threat or they don't have things in place or they don't provide the level of support, assistance, guidance, education or training to psychologists in their work place about that kind of thing. (P42 - F)

An organisation focussing too much on maximising profit and consequently neglecting other areas has also been identified by participants as contributing to the experience of client threats.

And I think too often agencies, there's this real push, particularly in the private sector, there's this real push towards just dollars and billable hours and making the money and profit and everything. And, I mean, that really breeds this whole kind of burnout situation, I think, where it becomes all about sort of processing the numbers and stuff and there's not enough to reflect, there's not enough time for peer debriefings, not enough time sometimes to even catch up with your supervisor because they're always busy, you know, there's that sort of thing going on. So I think that is really a big issue, definitely. (P30 - F)

Finally, company policies, or a lack of them, resulting in there being no consequences for threatening behaviour was also seen by participants as a factor contributing to client threat.

But I guess the biggest thing I'm dealing with and the reason why nothing is changing is because there are no consequences. There's no consequences for them not complying at the moment, and that's the unfortunate thing is because they are a very productive business unit. Even though they're dysfunctional they make the business a lot of money, and so everyone thinks, well if it ain't broke don't fix it and they leave them to do what they've been doing up until now. So there are no consequences if they don't submit things, or we've worked in a project. No consequences make it very difficult to hold them accountable, yeah. (P39 - F)

Psychologist Characteristics

Scholars (e.g. Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013) suggest that while therapists strive to act in a professional manner, their personal life experiences will influence their perceptions and behaviours within the professional context. This assertion is supported by the current findings which identifies

psychologist characteristics that participants perceive influence the level of risk associated with a client threat. Participants identified personal characteristics that are both aggravating and protective factors. In relation to aggravating psychologist characteristics, Figure 4.7 illustrates that these characteristics were further categorised in regards to the perceptions of the psychologist and the emotional instability of the psychologist.

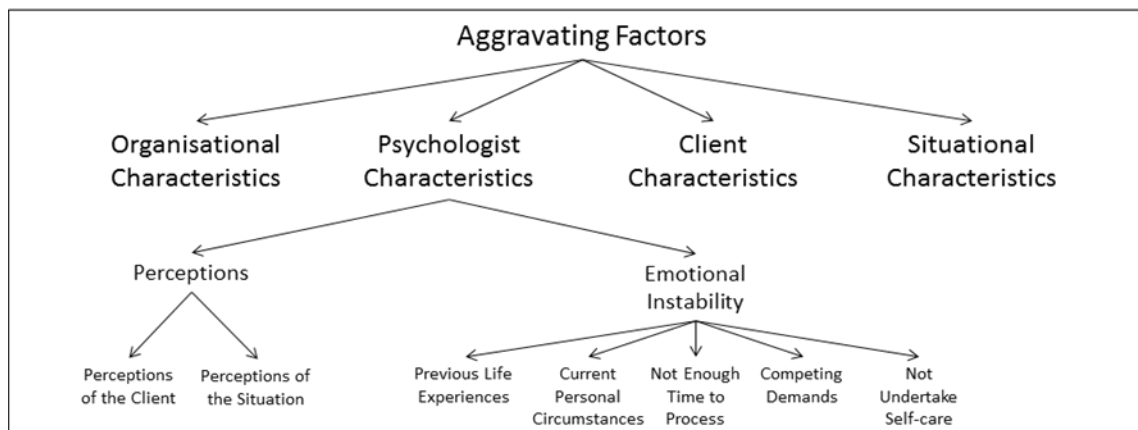


Figure 4.7. The psychologist characteristics that participants perceived increased the level of risk associated with client threats experiences.

Psychologist's Perceptions

The negative perceptions and inappropriate thoughts of the psychologist were identified by participants as being aggravating factors in relation to client threats. One aggravating aspect of perceptions was the participants having formed a negative opinion of a client.

But I felt threatened of what sort of person I imagined he might be.

(P1 - F)

Other people's fear is contagious, so you get asked to go and see someone, have contact with someone, their threat or their fear can actually transfer a little bit onto you. (P32 - M)

Similarly, the participant having a negative perception of the situation that they are in was also perceived as increasing the risk of experiencing a client threat.

Some communities that I go into that I actually feel safe right from the start whereas others, as I say, where there's a lot more people on the street in some of the communities and there's a lot more

alcohol and drugs and stuff available, I don't feel that same safety. And chances are I might be very safe, but it is that perception. (P45 - F)

Psychologist's Emotional Instability

Participants being in a state of emotional instability was also identified as an aggravating factor. Participants outlined a number of circumstances that may contribute to a psychologist experiencing emotional instability. The first of these was participants' previous negative life experiences.

Their own experiences I think would be potentially very powerful... Well, things like, I mean, everybody has had things happen to them and some people have had very bad things and they are psychologists so abuse, physical abuse, abusive in the marriage relationship, that kind of thing. I imagine for those psychologists, if they were in certain counselling relationships, so even physically that they reminded them of the person or the scenario was similar or that kind of thing, that could be very threatening. Having a relationship with a parent that was really abusive and having a client who reminds you of them, and hopefully all of us are tuned in enough to not take that person as a client but certainly those kind of things could happen. (P6 - F)

Also contributing to emotional instability is participants' current negative personal circumstances.

I think where I am at personally influences how I am feeling. If you know things go on in your own life and there are times that I feel a bit wobbly at work and I do take things much more personally, I do get much more bothered by what people say to me and personalise it and where if things are firing for me in my own life... I know that there was a couple of times... I would walk through the gate and I felt like I could snap you know if something goes wrong today, if somebody pushes me or I'm not going to be robust and

there were some days where you just had to make the decision that you call in sick... I do think that's a big factor as well. (P12 - F)

Not having enough time to process events and the potential impacts that they are having, after they occur, was also identified as leading to emotional instability.

Perhaps having a family and not having enough time, you know. Let's say if something happens at the end of your work day and you have got to go straight home and help your wife with the dinner or look after the kids or pick up the kids from school on the way home straight from that appointment then there's not really any time to process what's happened and make an assessment about what you need for you in that time so I would think yeah not having time to process it and make a bit of decision about what needs to happen next is probably one of the main things. (P14 - F)

Another factor identified as contributing to emotional instability was there being a number of competing demands that take participants' attention.

You've got to be very there, as there as you can be, and so if I'm sitting there going, "Shit, I've got to do my notes, I've got to call that parent back, then I've still got that report to do, then I've got to go to assembly", so if the time management is out of kilter it's much harder to be sitting there with a child and be listening to what they're saying and responding to what they're saying and thinking about the things that you have to do. (P6 - F)

One final factor was participants not undertaking adequate self care to ensure that their personal emotional needs are being met.

We preach to people all the time about stress management, self-care, and yet we probably as psychs are the worst ones for doing it for ourselves. (P8 - F)

I think also that I've noticed with other disciplines like social trainers who teach the people to do certain things like budgeting or cooking, they all take their mental health days and none of us psychs do. And I feel guilty if I do. (P27 - F)

Client Characteristics

In their explanation of the aggravating factors that contribute to experiencing a client threat, participants also outlined a number of factors that relate to the characteristics of the client. As shown in Figure 4.8, these client characteristics were further categorised into four separate aspects; history, presentation, reaction, and features.

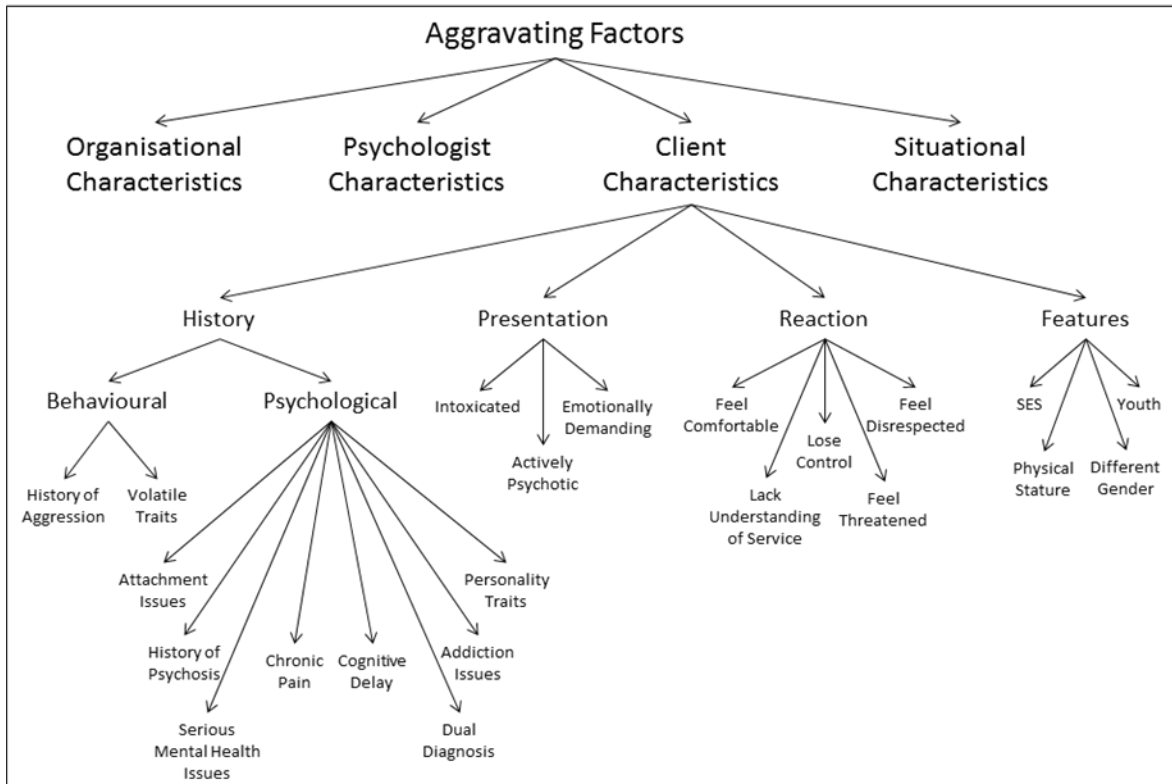


Figure 4.8. The client characteristics that participants perceived increased the level of risk associated with client threats experiences.

Client's Behavioural History

It was identified that certain characteristics in the client's behavioural history may contribute to an increased risk of experiencing a client threat. The first of these was the client having a history of aggressive behaviour. In these situations the participant was concerned about what could possibly happen and what the client might be capable of within the session.

I mean, to be honest the boy was probably more threatening because I'd already read his history and he had been aggressive to

other clinicians or teachers. So I sort of knew it wasn't just going to be talk, he could actually be aggressive. (P35 - F)

The fact that they've done something towards a female, they've hurt them, it kind of implies a threat. (P26 - F)

The second aspect of the client's history that participants identified as a risk factor was the client having a history of volatile behaviour. These volatile traits meant that the client had a greater potential for becoming threatening.

I've dealt with... [clients] who I would describe as 'highly dynamic', explosive, power oriented [clients], and who are sometimes quite volatile... most people might go a little quiet and turn in a little inward and think about it for a little while later, whereas others who might have a shorter fuse and who are used to being quite extraverted and physical and competitive and somewhat aggressive, might become aggressive. (P34 - M)

Client's Psychological History

There are also aspects of a client's psychological history that participants in the research have identified as increasing the risk associated with a possible client threat. It was suggested by participants that if a client had attachment issues they may be more likely to push boundaries.

It's interesting to look at the attachment side of things, but most of my clients are pretty good with boundaries and things like that, but you're always going to get - particularly with adolescent and particularly with girls - you're going to get those kids who push the boundaries either because they have attachment issues and you're a really safe person for them. (P6 - F)

Participants also suggested that if a client has a history of psychosis there may be an increased likelihood of experiencing a client threat.

If I knew there was a bit of an established mental illness and that there had been previous incidents or episodes of psychosis, maybe I'd be a little bit wary. (P7 - F)

The client having a history of extreme mental health issues was also identified as an indicator of increased risk a of client threats.

If there are serious mental health issues they've got less personal control... They're more likely to be reactive or unpredictable. Someone that is suffering considerably with schizophrenia or bipolar that isn't being appropriately medicated I would imagine is more likely to possibly become threatening than someone who's seeing you for mild anxiety issues. (P20 - M)

A psychological history that includes chronic pain was also identified as a client characteristic that contributes to the risk of a client threat.

I know chronic pain clients are angry, generally, a lot of them, not all of them, but some of them, that tends to go with the territory... I just think that they're already kind of geared up to kind of be angry in the session. Certainly a lot of experience with these clients is that they go to the GP, the GP tries a few things and then they get referred to a specialist, the specialist puts them on medication, you know, maybe have a surgery, it doesn't work and then also they get sent off to a psychologist, and I don't think the doctors always explain properly why. So they're coming into the room a lot of the time with the thought that the doctor's telling them that it's all in their head and I think that tends to make them very angry because, well, it's not and, you know, I think they just kind of feel that lack of control as a lot of kind of patients do. (P43 - F)

Another element of a client's psychological history identified was the client experiencing a cognitive deficit.

Most people who are neurologically compromised in some way, shape or form don't have the same degree of control over their behaviour as other people might. I'm not saying that they're necessarily violent, but you know, they're, even if it's just that they get agitated a lot more easily, particularly people with head injuries, and also people with dementia as well, but you know,

even little old ladies, I've had all sorts of things screamed at me.

(P33 - F)

If the client had a dual psychological diagnosis, then their psychological issues were complex and consequently participants perceived a higher likelihood of threat.

Dealing with the really complex cases that often particularly within that setting that might have, you know, dual diagnoses in terms of mental health issues as well as drug and alcohol issues, exacerbated then by unemployment and financial pressure. (P42 - F)

If a client has a history of addiction issues, then participants perceived that they pose a higher risk of a client threat. In particular, this increased the likelihood that the client would attend a session intoxicated and exhibit unpredictable behaviour.

I've worked with drug and alcohol clients who quite often are very demanding and quite aggressive and quite manipulative. (P11 - F)

And finally, if a client has particular personality traits, it was perceived by participants that they may pose a greater risk of a client threats. This is because they are perceived to be more likely to push boundaries or be manipulative.

Most commonly it would be someone with personality issues who again maybe would misinterpret what was happening in the situation... Maybe they didn't have the coping strategies or felt under stress because of the issues that were being covered. (P29 - F)

Kids who have kind of over-merging personality disorders profiled, those kids will push the boundaries because that's what they do, so that's not attachment, that's just their disorder's way of doing things. (P6 - F)

In particular, psychopathic personality traits were considered to contribute to the likelihood of experiencing client threats.

Impulsivity, lack of empathy, preoccupation with their own need provision, these are all features of these populations. It's a close line sometimes between those three factors and psychopathy. So I

can see how there'd be, you know, of the range of people you get involved with you may sooner or later come up with one who has strong psychopathic tendencies and gets very fixed on vengeance or projecting their ill-will. (P32 - M)

Similarly, borderline personality disorder traits were also considered to contribute to client threats.

People who would be given the label of borderline personality disorder... They're work, they're hard work. They don't actually cause you harm but if you're open to any emotional threat they certainly can threaten your emotional equilibrium, they're very skilled at playing games and keeping the appointment going for far longer than it should or revealing something incredibly emotional at five minutes to the end of the interview. (P41 - F)

Client's Presentation

Referring back to Figure 4.8, there are also factors that relate to the client's current presentation that were perceived by participants as contributing to an increased risk of a client threat. A client presenting intoxicated to an appointment was identified as increasing the risk of that client being threatening.

But obviously dealing with people who are currently under the influence of drugs and things like that... it changes things in terms of where they're at in their predictability. (P8 - F)

Similarly, a client presenting as actively psychotic was identified by participants as a danger to their safety.

People who are actively psychotic can potentially be threatening because of whatever delusional beliefs they've seen and how they perceive you in there. (P10 - F)

One final aspect of a client's presentation that was outlined by participants was the client being emotionally demanding. This required participants to expend excessive emotional energy to meet their emotional needs.

And that's pretty emotionally threatening all the time when you're in it because you never quite know when they might ... you have to work really hard to create an environment in which by and large calmness is, or a version of calmness, is the overriding emotional climate. (P2 - F)

It is quite emotionally draining of course because you have to watch not just what you say but how you say it. (P29 - F)

Client's Reaction

The client's reaction to the interaction between the client and the participant was also identified as an aggravating client characteristic. It was perceived that clients could have a number of reactions that increased their risk of becoming threatening. One of these reactions was feeling comfortable in their interactions with the participant.

Knowing someone really really well can mean that you are more often in the line of fire because the person feels safe to go there. (P11 - F)

It was also perceived that the client lacking a full understanding of the services provided by the participant also contributes to client threats.

They may have misconceptions and unrealistic expectations of what they will be getting perhaps, so that could be one reason as to why they would feel unhappy or unsatisfied with perhaps any services provided. (P17 - M)

Another client reaction that was identified as contributing to client threats was the client losing control within the situation.

It's very important in the interview situation to let them feel in control because it's when they start feeling not in control that there is a potential of acting out, so I manage the situation so that they don't feel like they are losing control and I don't get upset. (P10 - F)

Another contributing client reaction was perceived to be the client feeling threatened by the process.

I think it's often where the client feels the psychologist has some kind of power over their life, and thinks the settings that psychologists work in is that we do sometimes have a degree of power over other people's lives, where we intercept the legal system, and that, you know, I think the clients are responding to what they see as very real threats for themselves, and I guess they're often having not very well developed ways of coping which is often why they're in the situation in the first place. (P38 - F)

Similarly, clients feeling that they were being disrespected by the process was also perceived to contribute to client threat.

I think some of the acting out comes from feeling disrespected. I guess that is kind of a common theme and when I have talked to people about their past acting out which we often will go there... it's often that feeling of being told what to do and being disrespected, so you know you give them a chance to feel respected. (P10 - F)

Client's Features

The final aspect of a client's characteristics that participants perceived contributed to an increased risk of a client threat is the client's features. These client features include their living situation, demographics, and physical characteristics. Participants perceived that clients with a lower socioeconomic status (SES) may present more of a risk in relation to client threat.

Plus a lot of the families that we do end up having to do interventions with are low SES, so low education, low understanding of lots of different things and from family backgrounds with DV and substance misuse and stuff that just doesn't work. It's full on. (P27 - F)

It was also perceived by participants that the client having a larger or stronger physical stature than themselves may contribute to client threats.

Some people that you work with, their size can be intimidating.

(P26 - F)

The physicality of the fact that the father was massive. So he could even just not even intend to hurt me but just if you, you know, if a guy throws down something in anger, if he just brushed past me he'd probably knock me over. (P20 - F)

The participants perceived that the client being a different gender to them was also a risk factor.

And with any male client, there's often, you know, just being a male and a female together and nobody else there, there is a potential danger. (P1 - F)

I think being a female, first of all, you have certain male clients, that is quite scary and particularly then if you were in private practice. (P6 - F)

Participants in the research gave a lot of weight to the gender of the client in determining the type of threat that may be experienced. Participants perceived that females tended to be more volatile and verbally aggressive but were generally perceived to be less physically threatening and this made them more dangerous. Conversely, participants perceived that males tend to be more likely to scare or harm the psychologist and are more *sophisticated* in their efforts to carry out threats.

With my experiences now I probably put a lot more weighting into a female threatening me, I'd be more intimidated than a male... They are such so much more volatile and just you know a general sentiment is that women are less violent and they are less aggressive and it's not taken as seriously. (P12 - F)

Females threaten differently than males. A male will be directly want to make you feel scared and harm you or kill you. Where the females, in my experience, would rather be angry and upset then say all sorts of nasty and negative things about the clinician, or about me, and then go all ... try and exhaust all the legal routes they can do. (P36 - M)

The final client feature that was perceived by participants to increase the likelihood of experiencing a client threat was the client being younger in age.

I've worked in lots of different environments and so children or adolescents can be far less predictable than adults generally, so that can feel like a high threat. (P2 - F)

Situational Characteristics

The final source of aggravating factors that were identified by participants was the characteristics of their situation. These situational characteristics refer to factors that relate to the environment that the participant was in, or the types of psychological services that they were providing to the client.

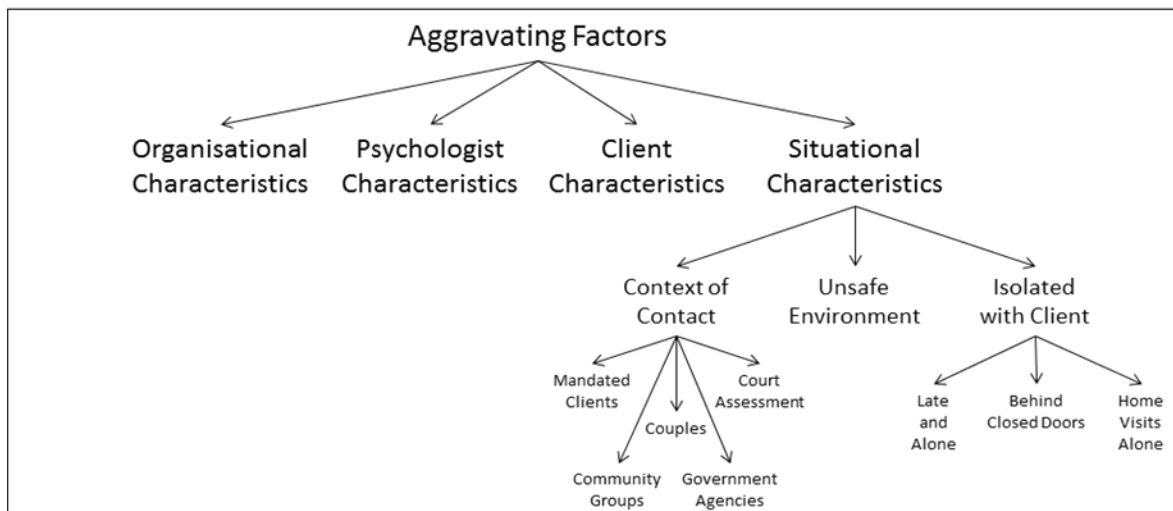


Figure 4.9. The situational characteristics that participants perceived increased the level of risk associated with client threats experiences.

Context of the Contact

As shown in Figure 4.9 above, the first category of these situational characteristics was the context of the contact that the participant was having with the client. The participants in this research indicated five areas of work with a client that, they perceived, contributed to an increased risk of a client threat. The first of these is working with clients who have been mandated by the courts to engage the services of a psychologist.

Maybe if you're working in a setting where people are mandated to come to see you, maybe there's more risk of that and part of

that is a benign characteristic of the fact that we're pushed and forced to see them. (P5 - M)

It was also perceived, by participants, that the group dynamics that are present when working with community groups also increased the risk of experiencing a client threat.

I think if you're new into the community and that there's some issues that maybe are very controversial in the community so you're working with people who are coming from a number of different perspectives and not necessarily feeling that they're being heard. So I think that there is a potential threat there. (P45 - F)

Also, seeing a client in the context of couples and relationship therapy was perceived to expose a participant to a higher risk of a client threats. Similarly to community groups, this increased risk is due to the dynamics that can play out during such work.

My sense is that the potential for threats and that kind of thing could possibly be higher when there's something like a relationships counselling or something like that where you're actually seeing possibly the couple together and then you may have a session with the partner, one partner on their own or something like that and if there's any, you know, perceiving that myself as the psychologist is either taking a side or they're feeling not understood or heard or that kind of thing, then I guess they would put on anger and threat and if they perceive that something that the psychologist has said has ruined their relationship or something like that. (P7 - F)

Participants also perceived that they were at increased risk if they had contact with a client as a result of their engagement with government agencies such as the Department of Corrective Services, Department of Health, Department of Child Protection, Disabilities Services Commission (DSC) and Centrelink.

Like in juvenile justice, they obviously have to have everything in place. If you work in the Family Court system, I think you'd want to

have really clear procedures in place, with the DSC population I think absolutely, you know, all of those. There's a high likelihood that something's going to happen and so those people, I think, need to have really clear processes. (P6 - F)

But there are other environments like health department environments and prison environments and child protection environments and even disability services where the cognitive functioning impairs some of that stuff, the impulse control. There are those environments where I think your risk of coming across that kind of stuff is increased. (P21 - F)

It was also suggested that participants who engaged in work with a client who required a court assessment were also at an increased risk of experiencing a client threat. This is a result of them having a greater tendency to be aggressive towards a psychologist as a result of their assessment findings.

Family Court battles, I think, like, the nature of Family Court battles are nasty and people get really horrible, really horrible stories come out of that, so in that kind of client base I think it would be quite likely. (P6 - F)

Unsafe Environment

An unsafe environment was another situational characteristic that participants identified. In these situations, the environment that the participant found themselves in led to concern that they were at an increased risk of becoming the victim of a client threat.

I was conscious of the fact that we were in a rural area and that you have a person whose wife had rung, she was unwell, thought he was suicidal and there was like big guns on the premises. There'd been no evidence to say that there was a direct overt threat but I'm just conscious of driving out in a rural area to an isolated farm, to a place where you know that there is an unwell person who'd been making statements of suicide. (P32 - M)

Isolated with Client

The final situational characteristic outlined by participants was being isolated with the client. Three ways were identified in which this isolation may occur. The first of these was being isolated with the client because the participant was alone in an office building when it was getting late.

I was the only person in the rooms at the time, and it was like five, six o'clock at night, and when I knew I was having this person and I was on my own, I felt a bit scared, because there was no-one there, and there was no way that I could get help if I needed it. (P1 - F)

The second way participants identified that they became isolated with a client was due to the tendency, within the profession, to see clients in isolation and behind closed doors.

And for me, sometimes, again, it's more safety of putting yourself in a vulnerable position. Like, I'm the only person in the school that would be alone with a student with closed doors. Everyone else would have the students in their office but with the door open. So you think, Jeez, I have to be above reproach to ensure that nothing could ever, you know, be seen as inappropriate. So again, it's just that threat of what could potentially be happening and minimising that risk at all times by covering all your bases. Which basically means you've got a lot of balls in the air all the time. (P8 - F)

The third way that participants identified that they became isolated with a client was when home visits were conducted.

As a school psychologist, you're quite vulnerable, you're in people's homes. Like in the high schools they come into your office, but when you're a primary school psychologist, you're going out to people's homes... you will be on your own going out to houses - that inherently is a risk. (P2 - F)

Protective Factors

As well as perceiving there to be a number of aggravating factors that contribute to client threats, the participants in this research also identified a range of protective factors. These protective factors were perceived by participants to indicate a decrease in the likelihood, or severity, of risk associated with a threatening experience.

Organisational Characteristics

Much like the aggravating factors to be considered in the risk assessment process, the protective factors outlined by participants were also grouped according to the source of these factors. The organisation for which the participant works was one such source. Again, organisation in this context relates to the employer of the participant in whatever form this business takes. As shown in Figure 4.10, organisational characteristics can be further categorised into factors that relate to the organisation's structure and those that relate to the organisation's policies.

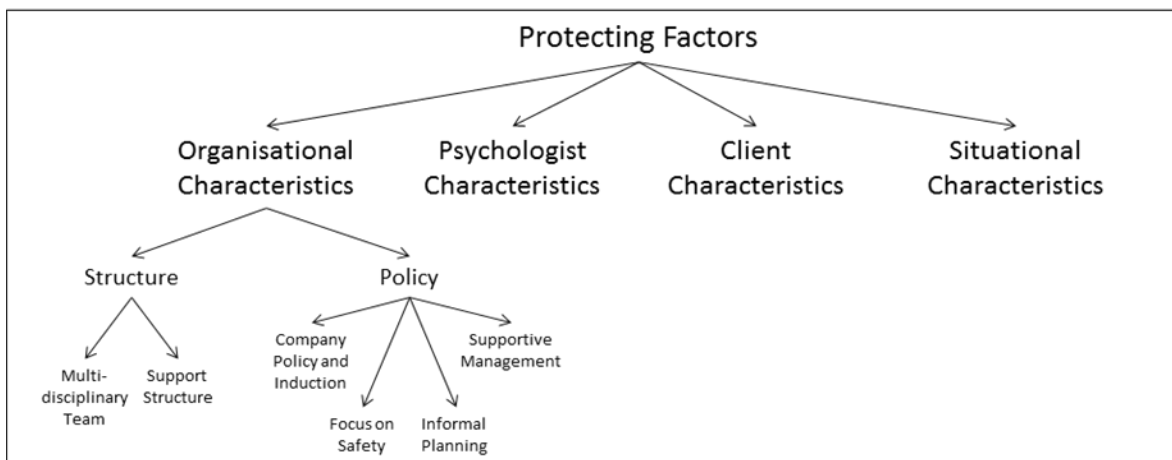


Figure 4.10. The organisational characteristics that participants perceived reduced the level of risk associated with client threats experiences.

Organisational Structure

An organisation structured so that participants are working in a multidisciplinary team setting was one factor identified as protection against client threat.

If there is a kind of a team thing around the person and so there is more than me trying to contain it, there's actually other people

there and we're containing it together and talking about it together and so on, I think that would be the most useful... I think also that there's a shared responsibility but it also helps to sort of sustain clarity about what I'm doing there, what my role is and that it's what it is, that it is a role that it is needed for whatever reason. (P9 - F)

An organisation providing participants with a comprehensive internal support structure was another factor that was perceived to protect against client threats.

So they would come back to me and I'd be managing them, or they'd be highly suicidal, so I had to make an arrangement with the local hospital that I could admit people, so I did. I used to be able to admit suicidal [clients]... working in an environment where your clients are around you is quite challenging, so you've got to have supports around you which is why for me working attached to the hospital was crucial because I had the nurses and the doctors and I had the capacity to admit people, which took away a lot of my anxiety and the threat experience. (P2 - F)

Organisational Policy

In addition to the structure of the organisation, the policies of the organisation can also be protective factors against client threats. It was perceived by participants that an organisation having a formal policy and induction relating to client threats protected against experiencing a client threat.

Then organisationally, do you have things like an incident response plan?... Is the organisation geared up to provide protection and support for people? What happens, you know, is there a procedure to be followed... we make sure all of our staff here are inducted to what happens if you feel threatened or feel intimidated by someone. That's part of the whole induction of the process. (P4 - M)

Additionally, the organisation having an overall focus on the safety of its employees was also perceived to reduce the risk of experiencing a client threat.

We've got an immediate management above our level branch and divisional management, Assistant Director and the Director, who – I report to the Assistant Director, and then she reports to the Director. Very switched on to the safety and wellbeing of staff. So if we had a real concern, like that one of the weaknesses was the fact that there was that no barrier from the waiting room, and we did have someone come wandering down, not that they were aggressive, they came wandering down looking for people or things like that. So we said and then immediately, "yeah, good point", immediately it was done, it was ordered and was on within 24 hours. So I think the good thing is getting immediate supported response from your management, 'cause it doesn't happen everywhere, and some managers say, "Oh yeah this is a bit of a problem, we'll look at that at our next meeting", or something like that, and it never happens, yeah. (P4 - M)

Some form of informal planning within the organisation about what to do in the case of a client threat was also perceived by participants as protecting against threat.

I believe it's having... informal realistic discussions and looking at realistically what you do, and talking through, and looking at the environment and our situation here is probably more important... So we'd discuss probably all the possibilities... But, we just make sure everybody knows that there's support and help, and nobody leaves anybody on their own here with a client. So they're just the standard things we wouldn't do. (P4 - M)

Also, the organisation having a supportive management structure and encouraging support for their employees was seen by participants to protect against client threats.

Fortunately in my current role I'm always supported very, very, very well so I don't have any concerns there, and I find that support is absolutely critical to what I do, and that's support from the top down... Without that my work would certainly be a lot

more difficult but knowing that that support is there and also from other managers. (P44 - F)

If I went to a manger and said I don't feel comfortable going to this home visit, then they would absolutely support me in my decision and look at what they can do, you know, at how we can provide a service to this person in that instance. (P28 - F)

Psychologist Characteristics

The characteristics of the psychologist themselves were another source of protective factors that were identified by participants. As shown in Figure 4.11, these psychologist characteristics were further categorised in regards to either the personal qualities of the psychologist or the emotional stability of the psychologist.

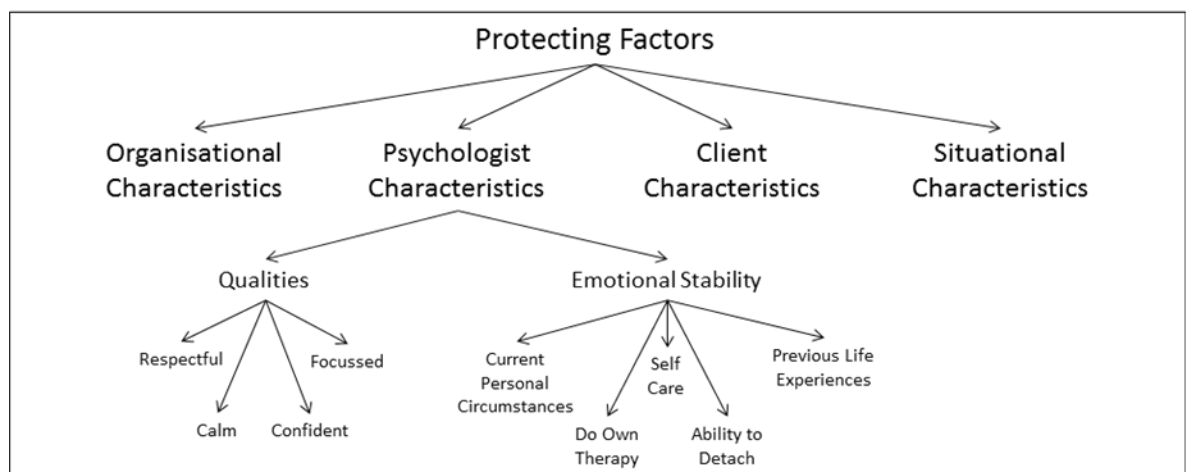


Figure 4.11. The psychologist characteristics that participants perceived reduced the level of risk associated with client threats experiences.

Psychologist's Qualities

Participants suggested that the personal qualities of the psychologist may protect them against experiencing client threats. It was thought that these qualities in a psychologist meant that they were less likely to provoke threatening behaviour from a client. The first of these qualities was the participant being respectful of the client.

I don't think I provoke violence in people, but I'm straight with people, you know, I tell them what I think, and sometimes people are a bit taken aback, but I think I treat people with respect and they have a right to their opinion, even if they're wrong. (P1 - F)

Another protective personal quality was the participant remaining calm in the presence of the client.

I was involved quite deeply in meditation at the time, they taught me quite a lot about how to develop a kind of calmness, so that you could be with people and you wouldn't rile them... You know from the beginning that they're likely to be in some kind of degree of psychological emotional distress, so you have to be calm, because if you feed into that at all, the situation is complicated or compounded in some way. So if you don't learn some of those skills early on about how to be calm yourself and how to be with people in a really aware way, you won't survive. (P2 - F)

Confidence was another quality that was perceived to reduce the risk of a client threat.

Confidence sometimes is useful because it implicitly conveys to people that you're confident about what you're doing and that may function a little bit to reduce the tendency for a client to try to use intimidation. (P32 - M)

Finally, the participant being focussed while in the room with the client was also considered a protective personal quality.

They're lives are in total tatters in front of you and you somehow have to be able to be there with them and be real, and therefore your job is to work on yourself, you share it, you can't just be thinking what you're going to cook for dinner or looking at what they're wearing and thinking, "Oh God". You've really got to be there with them in a very human way and you've got to be able to do that all the time when you're with people. That's one of the things that might make the difference. That's been my experience. (P2 - F)

Psychologist's Emotional Stability

The psychologist's current emotional stability was also identified as a personal characteristic of the psychologist that can be protective against client threats.

Participants perceived that, if they had a good general sense of emotional wellbeing, then they were at a reduced risk of experiencing a client threat. There were five factors identified by participants in this research to promote emotional stability. The first of these was the participant's current personal circumstances in their life being positive.

I guess where you're at personally affects where you're at professionally. (P8 - F)

You need to look after yourself essentially, to perform... You're assertive, you're making good decisions, you know, you're thinking clearly (P3 - M)

The second factor was the participant undertaking his/her own psychological therapy.

There's something really important about going yourself as a client, that as a psychologist, so you know, the humbling of it, or just the reality of it, what it feels like to be on the receiving end. (P2 - F)

The participant undertaking self care was also considered to contribute to the maintenance of their emotional stability.

I do a lot of self-development work and really reflect on what's going on for myself and where I'm at and yeah, try and balance my wellbeing with, you know, regular physical exercise, a good diet, not a lot of alcohol, good social life, like, I watch it, I'm very mindful of it, and I don't think everybody is and everyone's got different levels of that. (P27 - F)

The fourth factor was the participant being able to emotionally detach from their work when they go home at the end of the day.

I've got really good at not taking work home as well, really good, and that's what I had to learn to do because I remember in my early days, like when I was going through my supervision, I remember coming in to my supervisor and I cried, I said, I don't like crying. I cried for the whole hour, and he just said, because you're

carrying it, you know, dealing with it every day, and I bawled my eyes out, for all of them, and so that actually made me know, you have to have some protective measures in place... so just having that bit of cling film around me. (P8 - F)

The final factor identified that promotes emotional stability was the previous positive life experiences of the participant.

I've had a very healthy childhood, I was in a very secure family environment, I never had any abuse or interruptions in my own psychological development that have really impaired me apart from the usual self-esteem, you know, am I beautiful sort of stuff in adolescence, am I smart enough, the usual, but I think having had a lot of emotional capacity in my own upbringing has given me a lot of solidity. (P2 - F)

Client Characteristics

There were a number of client characteristics that were also identified in the research as being protective factors. As shown in Figure 4.12, these client characteristics were further categorised into two separate aspects.

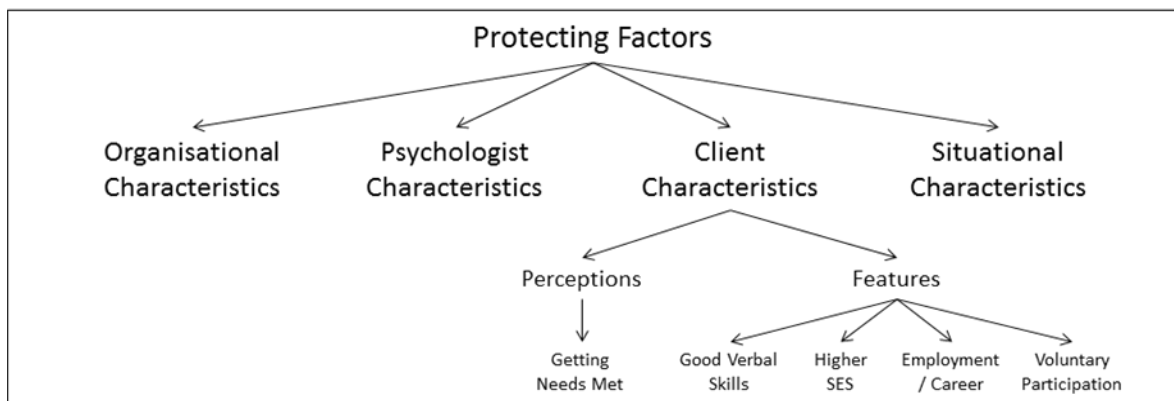


Figure 4.12. The client characteristics that participants perceived reduced the level of risk associated with client threats experiences.

Client's Perceptions

The two categories of client characteristics are current perceptions of the client-therapist interaction and the features of the client. The participants identified one client perception that they believe protects against client threats. This being that,

if the client perceives that they have gotten their needs met in their interaction with the participant, there is a reduced risk of a client threat being experienced.

I think the client getting their needs met. You know if the client had gotten their needs met then there would have been no reason for them to get agitated and aggressive. (P11 - F)

Client's Features

Conversely, a number of features of the client were identified as protecting against the occurrence of a client threat. These client features include both their demographics and current personal circumstances. The first of these client features was good verbal skills. It was perceived that a client who was able to efficiently and effectively express themselves verbally would be less likely to undertake threatening behaviour.

In this work environment it's a highly verbally able clientele, we don't get much of that sort of physical threat. (P24 - M)

It was also suggested that clientele from a higher SES reduced the risk of a client threat occurring.

I've tended to deal with people in the higher SES group... people who know how to behave. (P1 - F)

Seeing clientele who have career paths that require a minimum standard of behaviour was also seen by participants to reduce the risk of a client threat.

But our clients are usually fine. Because they're law officers, so for them to break the law is really, really, you know, different... For police officers to threaten someone here, police officers are held highly, a lot more accountable than members of the public. (P4 - M)

Finally, clientele who are seeing the participant on a voluntary basis, meaning that they have not been mandated to attend, are seen to pose a reduced risk of being threatening.

We're not a compulsory service, we're a voluntary service so people don't have to at any time engage with us if they don't want

to... So that's what I'm always conscious of and I, you know, continually remind people of that. It's not like DCP or the Justice System where you might have clients who don't want to be with, you know, seeing you, we very much want people to consent to have a service from us. So I guess that's helpful in the work I do because I can say that to people and let them know, have a think about this, if this is something that doesn't fit for you, or that's making you feel upset, then let's work out another option. (P28 - F)

Situational Characteristics

The final source of protective factors that was identified by participants was the characteristics of the situation that the psychologist found themselves in. These situational characteristics involve the participants ensuring that they develop a safe, physical, working environment for themselves. Participants suggested that the layout of the physical environment can have a big impact on whether client threats occur.

Really I think that the psychs going into situations, especially working on a one to one with clients, I mean, they should have all that knowledge about how you set the room up and making sure you're able to get out and all that practical stuff, so that, as much as possible, you know that you are reasonably safe and that you know that if things did get really volatile you are actually able to remove yourself. (P45 - F)

I think that clients will sometimes not take things further because they're aware that they're in a setting where there's good security measures, so it's things about the psychologist making sure that they're not putting themselves in situations where they're vulnerable... Those things act as a bit of a disincentive or inhibitor for people to actually go any further with comments, I guess, of physical threat. (P38 - F)

As shown in Figure 4.13, participants in the research have identified five practical safeguards within their professional environment that they perceive protect against the experience of a client threat. The first of these safeguards was the

positioning of chairs within the room while seeing clients. Participants indicated that it is safer for their chair to be closest to the door allowing for an unobstructed exit during a threatening situation.

You'll notice even when you're sitting there, you're not between me and the door. So all of our rooms are set up so that the client does not sit between the door and the therapist, and we've deliberately insisted upon that. Therapists are always the one, so you've got a clear line to the door if you have to. (P4 - M)

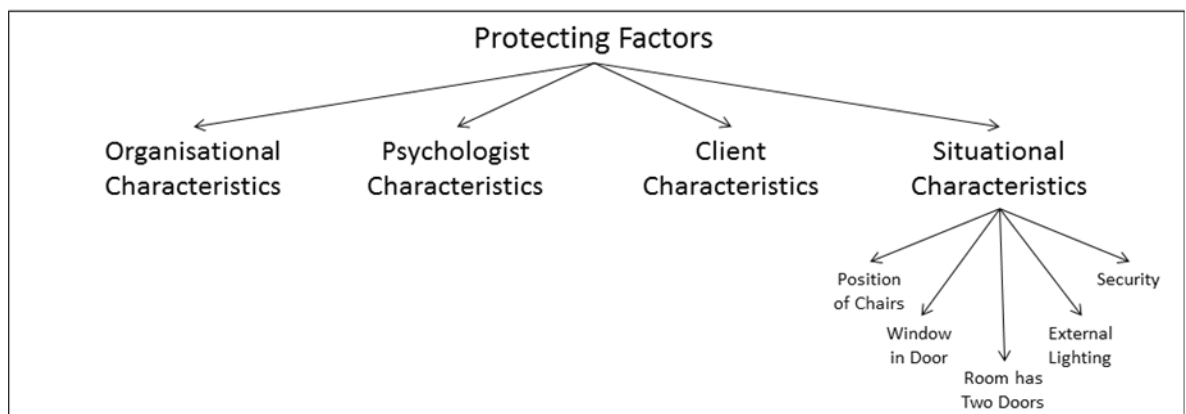


Figure 4.13. The situational characteristics that participants perceived reduced the level of risk associated with client threats experiences.

The next safeguard identified by participants to contribute to a safe working environment is there being a window in the door. This allows the interactions between themselves and the client to be monitored by colleagues without interrupting their session.

Having little windows in the door can be kind of helpful so at least people can kind of keep an eye on you and see what's going on. (P33 - F)

Another environmental safeguard that was identified was the room that they were using had two doors so that they were able to leave the room if one door is being blocked by the client during a threatening situation.

I was really lucky that there were two doors into the room, one at the front and one that goes out the back where the staff have their toilets. (P43 - F)

The next environmental safeguard that was identified was the use of lighting outside the building at night to ensure the participant's safety when getting to their car after work.

There were lights everywhere outside and there were people around and I didn't feel leery walking out to my car. (P1 - F)

The presence of, and access to, security was also identified. This could be security guards in the building, assistance over the phone, or via an alarm system.

There's security everywhere, he isn't going to get to me and I don't think that he actually probably would have done anything overly inappropriate. (P8 - F)

Professional Efficacy

Another aspect of the risk assessment process carried out by participants, in addition to determining the characteristics of the risk, was to establish their own professional efficacy in being able to deal with the current client threat. Professional efficacy refers to the knowledge and skills that participants have available to them to deal with the current client threat. As shown in Figure 4.14, a psychologist's professional efficacy can be grouped into five different areas relating to client threat: wisdom, expertise, awareness, information, and work practices. Participants in the research identified indicators for each of these categories that suggested whether the individual does or does not have professional efficacy in relation to the specified area.

Wisdom

The professional wisdom of the participant refers to a participant's ability to extrapolate the knowledge that they have gathered, make ethical decisions and deal effectively with complex situations. As illustrated in Figure 4.14, the continuum of wisdom ranges from professional naivety to professional astuteness.

Naive

Participants in the research suggested that an indicator of naivety was a lack of experience.

As a young practitioner you're still working it out. (P2 - F)

I was pretty naive, I think, when these things have happened. Like they were really early in my training, so I hadn't been exposed to any real training, like we didn't ever talk about homicidal intent or threats in our graduate course, and ways of managing when clients disclose those kind of intents. So, yeah, I guess not feel prepared in de-escalating. (P37 - F)

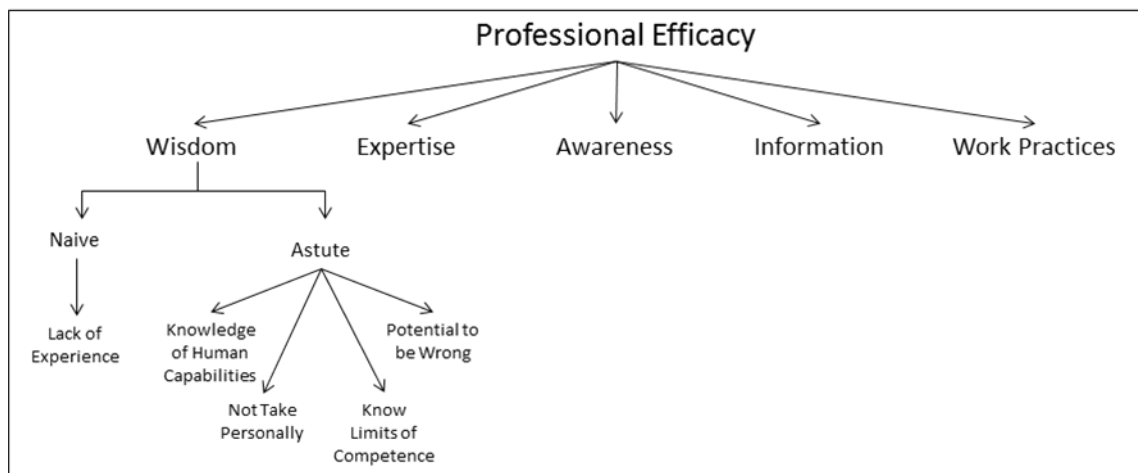


Figure 4.14. Indicators that participants provided that indicate that a psychologist lacks or possesses professional wisdom.

Astute

The participants also outlined a number of indicators of astuteness; the first of these being knowledge of the capabilities of human beings. The professional knowledge that is gained about human behaviour and tendencies, through contact with clients, led participants to develop an understanding of what human beings are capable of doing. This knowledge led participants to become more cautious about their personal safety.

And sometimes just knowing what people are capable of can be scary. My sense of safety publicly is very, you know, I drive in the car with doors locked because I know what happens. I've spoken with burglars and I know how they do it so... I'm much more hypersensitive to it because I've seen what bad things that people do. (P8 - F)

This type of knowledge also led participants to be more cautious about his or hers family's safety.

I dealt with a guy that sexually assaulted a girl at the McDonald's playground. Every time I take my kids to the playground at McDonald's I just can't, so you see that knowledge of information, I guess, of those situation you just self-modify what you do in your personal life because of it, whereas everyone else lets their kids play in the McDonald's playground and think nothing of it. Because I know about that, I'm like, aahh... (P8 - F)

Another identified indicator of astuteness was participants learning not to take the reactions of clients personally and consequently not becoming defensive in their response.

Certainly I think if others did the same and not take things personally. So I've also become a lot less defensive, and if people want to kind of go, no, what you doing, you're doing a crap job or you're too young to understand me, like okay, you know, whereas before I'm like, no, what are you talking about, you know. And now it's like, well, I really want to hear what's bothering you about that, so becoming a lot less defensive, being able to take criticism and not taking it personally I think has helped a great deal. (P26 - F)

The participants being aware of the limits of their professional competency were also identified as an indicator of astuteness.

You don't know everything and there'll always be times, learning when to refer on, learning when... this person is beyond my expertise, they need to go to somebody else, and being able to deal with that. (P1 - F)

The final indicator that was identified by participants relates to the wisdom of being aware that there was the potential to make the wrong professional decision.

There's been a sense of threat whenever you're dealing with critical incidents, suicidal kind of assessment or what if I fuck up and get this wrong, and that's really tricky stuff... suicide,

substance abuse, things where there are big consequences for it going wrong, that's a threatening thing. (P24 - M)

For some participants, the fear was that if the participant did not make the right decision there could be adverse consequences for the client or they could face subsequent professional consequences.

It's your reputation, it's also, you know, could I lose my job, and then you think have we done things right, you literally come back together and we had a debriefing yesterday where you go over: have we done this right. (P8 - F)

Expertise

The next category of professional efficacy is expertise, which refers to a participant's level of professional skill and training. As seen in Figure 4.15, within this area of expertise, participants have identified indicators of both ineptitude and mastery.



Figure 4.15. Indicators that participants provided that indicate that a psychologist lacks or possesses professional expertise.

Ineptitude

There were two indicators of ineptitude identified by participants. The first of these was a lack of training, particularly during post-graduate studies. This was identified by participants as leaving them lacking the necessary professional skills and knowledge in regards to client threats.

They don't teach you enough. They just don't teach you enough and so when you come out you're, and I did a Masters you know.

I'm glad I did a Masters. Far out I just would not like to go out after a four year degree. I don't know how people do it. (P14 - F)

Then I go, "can you be trained for that?", but it probably would have been good to have even just things like DVDs you can watch about "can you notice these things"... And you do hear about really awful stories that people have to deal with, so look, the more training the better, I suppose. (P8 - F)

Also, a lack of professional development (PD) attendance was identified as an indicator of a lack of expertise. Failing to undertake PD may hinder the development of skill and knowledge in regards to preventing and managing client threats.

But we spent a lot of time, you know, in my first few years of working which was in the government; I was never offered any PD whatsoever. It just didn't happen. There was no professional development. There was no training available for people. It was just amazing. (P4 - M)

Mastery

There were also two indicators of mastery identified. The first of these was the participants developing their level of professional skill over time.

I guess you take the collective of everything you've learnt and every experience and you apply it to every situation. So you can ensure best outcomes. And, I guess, it's... best practice. The best practice of managing hostile, angry people and minimising professional risk is knowing what works and doing it. (P8 - F)

I actually think the reason why I moved around jobs was because I wanted, as a psych, to work in different areas to build up those skills and I'm a better psych here because I worked with different populations. (P1 - F)

The second of these indicators of mastery was the participant obtaining personal development (PD) training.

Knowledge is power as well, so keeping an eye out for the occasional workshop that comes up on dealing with angry people or dealing with aggression or diffusing aggressive situations or even doing a little bit of self-defence. (P32 - M)

Awareness

Awareness is another area of professional efficacy that relates to a participant's assessment of risk. It refers to participants' ability to accurately determine people's (including their own) reactions and responses within given situations and be alert to influencing factors. Figure 4.16 demonstrates that participants have identified indicators of both obliviousness and alertness in relation to awareness.

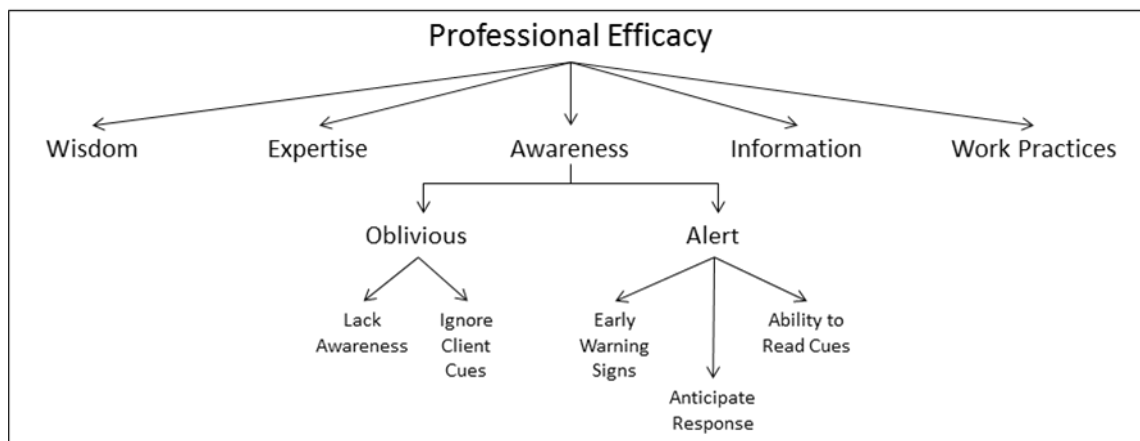


Figure 4.16. Indicators that participants provided that indicate that a psychologist lacks or possesses professional awareness.

Oblivious

There were two indicators of obliviousness that were identified by participants in the research. The first was a lack of awareness about the occurrence of, and factors associated with, client threats. This lack of awareness could lead to the participants being vulnerable to client threats.

So certainly in terms of where people assume that, you know, there's an assumption around every client that I see is going to be safe and wouldn't harm me or threaten me or something like that. Certainly you can have your own self-bias in terms of a lack of being aware for the need to be conscious about such scenarios...

they don't think that something could happen and therefore they end up putting themselves in the situation that could actually be dangerous. (P42 - F)

The other indicator of obliviousness was the participant ignoring client cues. These are both the verbal and non-verbal signs from the client that indicate that they are becoming increasingly agitated or emotional.

I think also if I was to probably not read the client as well and forge on and be over that line to go on and be quite intrusive that would potentially [lead to a threat]. (P10 - F)

Not taking action early enough you know, he's up and pacing and he's agitated. Time to call it quits before it even gets to that. (P14 - F)

Alertness

Conversely, there were three indicators of alertness that were identified by participants in the research. Participants indicated that this alertness is demonstrated in their ability to recognise and then act in response to personal early warning signs. Early warning signs are physiological responses that suggest to an individual that there is the potential for danger to their personal wellbeing.

There are times when I've come to the front door and actually gone, "nuh, this isn't safe, I'm not going in". So you have to have really good early warning signs, so that you know before you're already in a situation that you can't get out of... early warning signs are, I guess, body physical indicators are emotional indicators that something's not right and you don't feel safe... So for me, I trust my instincts and go with that gut feeling, so if I'm starting to feel uneasy and something's not right here, sometimes you just get that funny tummy, I start to think, no, and it always serves me well. Trusting on those instincts about something's just not quite right here and stepping in before things can escalate. (P8 - F)

Another identified indicator of alertness was a participant being able to predict and plan for the possible reactions that a client may have in a specific situation. Being able to do this accurately may reduce the risk of experiencing a client threat.

Being emotionally intelligent enough to understand what the impact might be on the client, and having some knowledge about the way their personality and style might be structured such that one might anticipate how they might respond. And if it's likely to be a threatening response then, you know, I guess in my case I'd be particularly cautious about how I timed the delivery of the information, and the way I delivered it. (P34 - M)

The final indicator of alertness identified by participants was having the awareness in a session to be able to read situational and client cues. These are usually non-verbal cues that suggest that either an individual is becoming increasingly agitated, or that a situation is becoming increasingly unsafe.

Try to identify somebody's increasing level of agitation earlier rather than later. It's hard when they come in feeling already agitated but if someone is kind of working themselves up in a session then I will try and identify that really early on in the piece so that it doesn't kind of escalate. (P11 - F)

So I probably put myself in an environment where lots of things could simply happen but you have to get really good at reading the situation and being preventative. (P8 - F)

Information

The next area of professional efficacy that relates to a participant's assessment of risk is information. This refers to participant's access to information that relates to their client or the environment. Figure 4.17 demonstrates that participants have identified indicators for being both uninformed and informed in regards to professional information.

Uninformed

There were four indicators identified by participants that may suggest that psychologists are uninformed. The first of these indicators was there being a lack of background information available to the participant about the client.

Not knowing what the history of these gentlemen were, well, you know, what their history was, and not knowing I guess their potential triggers that might have escalated that aggression. (P37 - F)

So lack of information can be a problem because if you don't know the client very well, even if you're experienced it's harder to judge is it just them doing it because they do this occasionally or does this actually mean something. (P29 - F)

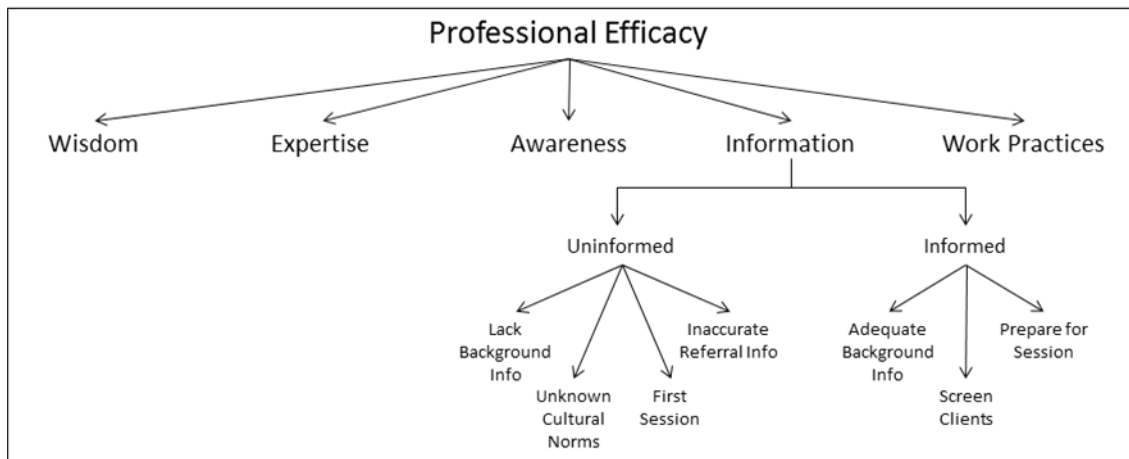


Figure 4.17. Indicators that participants provided that indicate that a psychologist lacks or possesses professional information.

Another possible indicator of an uninformed participant was them being unfamiliar of the cultural norms of their client or the client's community. The participants stated that they became fearful of unintentionally breaching these norms and the resulting consequences.

When I go up north and to communities, because I don't always have a relationship with everybody in the community obviously, I feel very much sometimes like the white person coming in, and I feel threatened by that in terms of my own safety and in terms of how I will be received... So it's really, I suppose, that sense of not

knowing always the appropriate places to go and what's the appropriate way to behave, I suppose, when you're in a different culture, you're just not sure so there's that sense of, you know, if I step outside where I should be going, how safe is it... there's that real sense of not really knowing where your boundaries are so not knowing when those are going to be crossed by you which can then create a situation... Yeah, and not knowing where other people's boundaries are as well... Yeah, I suppose it's just that whole thing of stepping into somewhere where you just ... you just have no ideas of what's the accepted and what's not the accepted... I think for me there's always that fear of offending. So I feel a bit of a threat of my inability to continue to keep those relationships going in a very productive way. (P45 - F)

Participants suggested that not having previous sessions with a client may lead them to being uninformed. When a participant undertakes an initial session with a client, little is known about the client and also a therapeutic relationship has yet to be developed.

The fact that it was the first session with him, so I didn't have much to go on, you know, we didn't have much of a rapport built as yet. (P22 - F)

The final possible indicator of being uninformed was the participants being provided with inaccurate or incomplete referral information. This resulted in the participant not being able to adequately or accurately assess the potential risk of this client or implement appropriate preventative measures.

I have known on other occasions there's some pivotal information that hasn't been relayed and that would actually have been necessary for us to prevent any harm. (P27 - F)

Informed

Alternatively, there were three indicators that may suggest that participants are informed. One of these was participants gathering background information on a client before entering a session with them.

I think knowing the history of the client you're dealing with would be a really huge factor. So like if you've got already some case file on them or something and you know whether they do have a history of violence, whether they've acted up before with other people, whether they actually have actually been violent towards anyone. Those things I think are really, really important. Like, if you have that then you're sort of forearmed or forewarned, forearmed kind of thing, so I think that's really important. (P30 - F)

Another possible indicator that informed participants in regards to their perception of client threat was that they implemented a standardised intake process for screening clients. Such a process would provide information about the client and allow for inappropriate referrals to be declined.

I think part of it happens right from when the referrals are coming in. If people are really unwell and still psychotic I don't see them and sometimes I get some referrals and I'll have to go, look they are not well enough to be assessed. (P10 - F)

I don't think we can vet every single referral for likelihood of client threat. But when there's some obvious signs... people that have got issues with authority, people that have lost it in court, people that have lost it with Police, people that have had violence apprehension orders, they've got something in their history which says they could be potentially threatening or violent. (P19 - M)

The participants preparing for their session with the client was also seen as an indication that they are informed.

Do lots of homework before you see someone. (P10 - F)

The way I manage a lot of situations, especially if I think there is going to be some degree of difficulty around them, is I'll discuss the issue with my manager before I go into a meeting or into a situation to work out the game plan. If you like, this is how we're going to manage this, and I do this quite deliberately, it doesn't just happen. (P44 - F)

Work Practices

The work practices of the participants were the final area of professional efficacy that relates to assessment of risk. This area refers to the professional processes that participants employed when working with clients to achieve the agreed goals and ensure the participant's professionalism and safety. Figure 4.18 demonstrates that there are three aspects of work practices that influenced the participants' perceptions of client threat. Employing useful, safe and ethical work practices led to participants feeling more confident in their ability to prevent or manage client threats.

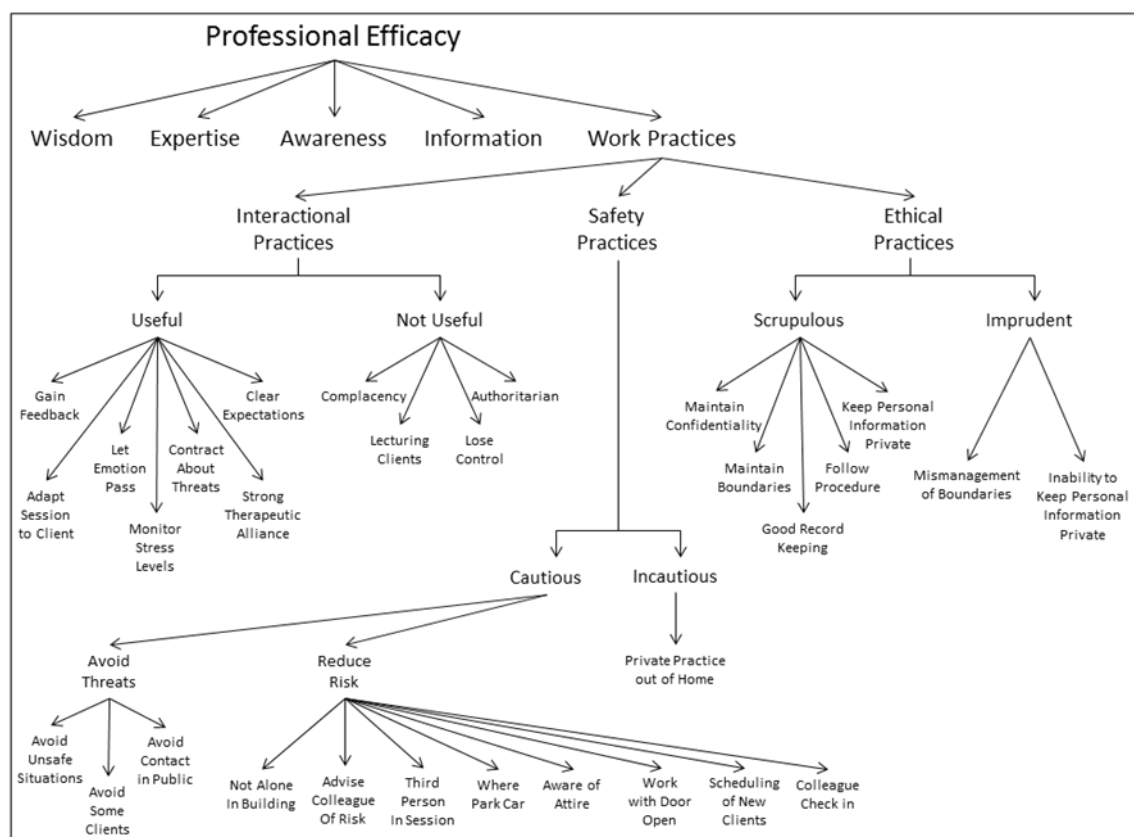


Figure 4.18. Indicators that participants provided that indicate that a psychologist lacks or possesses professional work practices.

Interactional Practices

Interactional work practices are the techniques and strategies that participants employed when working directly with the client. These practices are used to control the interaction between the client and participant and helped them work towards the agreed outcomes.

Useful

There were seven identified indicators that a participant was engaging in useful interactional practices with their client. The first of these indicators was participants gaining regular feedback from the client, ensuring that they understood the client's perceptions of the process.

I tend to cross-check with clients all the time, "how does that sit with you?", "what do you think the successes of these last two sessions have been?" or "what have you actually learnt from this?" I throw it back. It's an interactive sort of style. (P19 - M)

Being willing and able to adapt a session to the individual client's needs was identified by participants as another indicator of useful interactional practices.

Yeah, I think it's just really about being able to modulate your style and your way of interacting with the person in front of you. And I think that's also a big part of it, that if you have somebody who comes in from a lower background that you're not using all these big words that they don't understand, and you're not acting like they're really unintelligent and you're so smart, because you're going to rub them up the wrong way... But on the flip side, not having people who come in who are very, very bright and treating them like they're a school kid or something and you're the teacher doing the assessment. Because again that's going to rub them up the wrong way. So just being really mindful of the way that your behaviour affects the clients and what the client's background is and the appropriate way to interact with them and being able to modulate that depending on who the client is and their way of interacting. (P33 - F)

Additionally, letting a client's raw emotion pass before re-engaging with them was also identified by participants as an indicator.

It might be, you know, so first of all saying, "Your language there is a little hot but I can hear that you're quite angry and you want to talk this through. What I'm willing to do is perhaps on Friday at

9:30 I'll make sure I'm available and give me a call and we'll discuss this further should you wish". (P23 - M)

So therapeutically, there are times when you have to see someone when they're that distressed, but most of the time, you don't actually solve anything. So my rule is if a kid is crying, I'll just leave them until they've calmed down and then I'll go, "Right, now let's try and solve things". (P6 - F)

The next indicator of useful procedural practices was participants continually monitored the stress levels of their clients and taking the appropriate steps to intervene if their level of arousal becomes too high. Doing so ensured that this arousal was reduced before it reached a level at which the client engaged in threatening behaviour.

I might say to them, "Look, this is quite stressful for you, why don't we set up a bit of a scale so you can let me know where you're at, zero's calm as anything, ten's going to tear my room up you're so angry. And every now and again I might just check in with you and see where you're at and once you hit the seven we'll definitely take a break and change the conversation", and things like that. (P21 - F)

Another indicator of useful interactional practices, which was identified by participants, was having a contract that explicitly outlines the client's responsibilities around threatening behaviour.

Often I will get clients to sign, you know, in the beginning of the first session and they, you know, even something in there, just talking about language and threats and all that kind of thing. (P7 - F)

So I said, "Oh well, I'll write you a letter and you sign it". So I wrote a letter that he's not allowed to swear at me or insult me or physically harm me. (P36 - M)

Developing a strong therapeutic alliance with the client was also perceived by participants to be an indication of useful interactional practice.

In today's situations if that had been an unknown client, an unknown entity I would have felt far more threatened with the behaviour that was in front of me. (P11 - F)

The final indicator of useful interactional practices was participants ensuring that there were clear goals, rules and expectations surrounding their engagement with the client.

And being clear about goals. Yeah, a lot of this stuff comes from, yeah, if I'm seeing a psychologist to help me get my children back, well, no, I can't help you get your children back, what we can do is some work on this. Now if that's helpful to you and your broader pursuit in getting your children back, that's great. And I am willing to document the work we've done. And you can pay me to write up my assessment but I won't be writing an assessment for you, so to speak. So I think kind of managing those expectations from the outset and being very mindful of that stuff. (P23 - M)

I tell them that up front, you know, if you don't feel that you're benefitting, feel free to ask me to stop or if something's not clear to explain. (P17 - M)

Not Useful

Participants also identified four indicators that may not be useful interactional practices with clients. The first of these was complacency on the part of participants, in relation to the possible occurrence of client threats.

Perhaps a sense of it won't happen to me you know, just that kind of I live in a bubble and oh they wouldn't really do that. (P14 - F)

I have seen some people who have worked so long in an environment where the majority of their clients are the worst of the worst, that they forget, you know I think there is a fine line between working with the individual which is our job rather than the offence but then working with the individual so intently that you forget about the offence so I think you need in this

environment, I think you need to remember what this person has proven themselves capable of. So when I say complacency I mean you don't carry your duress alarm... I'll give you some really nasty terms, grandiosity - the expert psychologist, "I can cure the worst". "I am so good at restructuring these enormously fractured, fragile, dangerous personnel", get a grip because you are compromising yourself personally and professionally because that's when boundaries get blurred. (P13 - F)

Another indicator of participants employing interaction practices that are not useful was lecturing the client during the interaction.

Some people do a lecturing thing. Like, "oh you are doing this really bad behaviour when you probably shouldn't". I can imagine that that would kind of escalate things, I guess just being a bit insensitive to sort of where they are at. (P10 - F)

The participants losing control of the situation was another indicator that was identified in the research.

Generally when you're unsafe is when you don't have control over the situation. (P8 - F)

I usually feel like I'm in control of the situation. And it's when I start to see somebody moving into an emotional state where they're not, where I'm not totally in control of the situation and can see that their emotions could change rapidly and that could be a threat to me. (P33 - F)

Participants also reported that employing an authoritarian approach with a client is not useful interactional practice.

I must admit, I think I didn't handle it very well... I was being rather authoritarian in how I approached it, probably because I was a little bit apprehensive and not having had a lot of experience... So I should have handled it individually, one to one, and not in front of the group, diffusing the situation... I wouldn't be so authoritarian about it and demanding this is how it's going to happen. (P4 - M)

So you know if you're a particularly adversarial psychologist and you really like to go after people to try and challenge them to face their issues, yes that can get in the way because it can perhaps provoke somebody. (P14 - F)

Safety Practices

Safety practices are the second area of work practices that participants employed when working with a client to ensure their personal safety and reduce the risk of experiencing a client threat. Participants employed practices that were either cautious or incautious.

Cautious

The indicators of cautious safety practices have been categorised according to whether they aid in avoiding client threats or reduce the risk of experiencing client threats. The first indicator of a cautious safety practice was participants refusing to enter into situations that they felt might place them at an increased risk of experiencing a client threat.

So I've certainly told, and I know to tell people if I'm not comfortable going anywhere I won't go by myself. (P28 - F)

The next indicator of participants undertaking cautious practices was avoiding providing services to clients who they perceive put them at an increased risk.

I have history with this man from years ago I had him in a group and he is the only man that I have ever had a really negative response to. I think he is one of the most dangerous and unpleasant men I have ever encountered and so interestingly in a custodial environment I know I can't work with him because I walk into a room and experienced rage, I want to teach him a lesson, that's contained so I won't work with him. (P13 - F)

The next indicator was participants avoiding contact with past and current clients in public to circumvent any possible confrontation.

Sometimes I run into clients, I avoid them, I don't really want to see them out in public because if I can it's really uncontained, I'm not in my role anymore... they don't have to play ball and so I guess you do kind of close yourself off a bit to any kind of potential danger. (P12 - F)

Another portion of these indicators of cautious practices, outlined by participants, relates to attempting to reduce the risk of being exposed to a client threat, without avoiding specific situations in order to do so. The first indicator of a participant undertaking a safe practice was the participant not being alone in the building when having a session with a client.

Also we have a rule at our practice that admin stays until the bitter end, especially if there's a male and a female working together... Even if they're a regular client, especially a new person... I think it's better that there is somebody there, and so that's a rule that I've brought in. (P1 - F)

One of my staff had to work back late last night to see a client. Now I wouldn't leave until that client had gone, not that there was any risk or danger, I just felt it's good professional practice to make sure there's someone else around. So I didn't leave until that person had gone. (P4 - M)

The next indicator of safe practice identified by participants was advising a colleague of the possible risk of a client threat and coordinating a plan of action.

I did ask to have staff available when I was seeing him to make sure that there was at least one male staff member in the next room and just for him just to carry on but just to be there basically. (P31 - F)

Just let them know that you're feeling a bit uncomfortable and you can work out between you what you want the other person to do. If you want them to just keep an ear out, you know, they'll try and not book a client at that same time so they can be available if you need them. (P22 - F)

The next indicator of safe practice that reduces risk was there being a third person present in the session with the participant and client.

If necessary have another person in the room if you're really worried. (P29 - F)

Psychs shouldn't feel concerned about having a colleague, it doesn't have to be a psych but another person go with them if they're unsure because the other person while they may not be able to prevent bodily harm can actually help to allay a little that sense of threat because there's just another person there, there's less isolation and as a consequence, they are more likely to be able to be a bit more relaxed and be able to use their thinking and analytical skills to assess the situation more thoroughly. (P32 - M)

The participants being conscious of where they park their car when they have to make home visits to clients was seen as another indicator of safe practice.

Then there are like little things that we do, like, you know, never parking in a driveway, always parking on the side of the road so if you have to get into your car making sure you can get out. (P28 - F)

Another indicator reported by participants was being aware of the appropriateness of the clothes that they are wearing when they see particular clientele.

I'm usually really mindful of how I dress. So I tend to dress like more conservatively on the days that I have clients, and I'll be even more cautious if I have a male client. So you know, there are some things that I just don't wear if I'm seeing clients, or I don't wear if I'm seeing a male client. So I almost never wear like knee high boots when I see male clients and things like that. So I do sort of modify the way that I dress. (P33 - F)

The next indicator of safe practice identified by participants was to leave the door to the room open while working with the client. While this reduces the privacy of the interaction between the client and the participant, where the participant believes

that the client is at an increased risk of engaging in threatening behaviour, it allows for their interaction to be monitored by colleagues who could provide assistance if necessary.

So you might want to work with the door open, obviously you have to be mindful of confidentiality, but you might want to have a door open. (P31 - F)

I would have had the door sort of slightly open and made sure there was people around. (P33 - F)

When the participant chooses to schedule new clients was another indicator of safe practice identified in the research. Participants suggested that appointments to see new clients should be scheduled at a time when there will be colleagues present in the building. This ensures that there is immediate support if the new client becomes threatening.

Any new clients I will see only at appointment times where there's a receptionist and a psychiatrist is working in his room and I know there'll be a room full of people waiting out there. (P29 - F)

The final indicator of safe practice, identified by participants, was to organise for a colleague to check in with them during the session to ensure that the clients behaviour has not become threatening.

You could pre-arrange for someone to come into your office and, you know, have someone just knock and say, 'Look, I'm terribly sorry, but I just have to put this on your desk', whatever, you know. Some excuse or, 'I'm really sorry to interrupt but I have to know if you're going to be at that meeting'... someone could make up some reason to check on you. (P31 - F)

I might ask the reception to actually give me a call during the assessment just to touch base, make sure everything is going okay. (P16 - M)

Incautious

Participants in the research also identified an incautious safety practice with clients. This identified indicator was the participant conducting a private practice out of their residence.

Another thing I do is I have always made the decision to never see clients at home. So there's some protocols that way I suppose in that some psychologists do work from home but it takes one fruit loop and they know where you live. (P20 - F)

Ethical Practices

Ethical work practices are the techniques and strategies that participants employed to ensure that their behaviour and procedures remained above the ethical standard for their profession. This is the last work practice and has two ends to the continuum: scrupulousness and imprudence.

Scrupulous

There were five identified indicators that participants suggested identify scrupulous ethical practices. The first of these indicators was the participant maintaining the confidentiality of the client.

Generally if you are following the ethics as a psychologist, that's going to help prevent that sort of thing from happening anyway... I mean, if you weren't particularly ethical and you were spreading information about a child or, you know, talking it up, or doing something which wasn't particularly right, obviously that would promote the chance that something might happen. (P3 - M)

Participants in the research also suggested that maintaining appropriate boundaries with a client was also an indicator of scrupulous practice.

Boundaries, very, very important, and I see that as helping to prevent a lot of that. (P7 - F)

If you were working with someone who was prone to flare up and become aggressive, I think it certainly wouldn't hurt to establish some very clear boundaries. (P16 - M)

Maintaining clear and concise records of all interactions with the client was seen by participants as another indicator of scrupulous practice.

I shudder with horror when I'm looking back on the kinds of client records that we used to keep which were very bare minimal kinds of things. Now, well, pretty much everybody that I work with is using some kind of electronic record system, and that means pretty much there is some kind of traceable and... legally available way of accounting for what did you do with that person... What you do afterwards is construct, here is my summary of what I think happened. (P24 - M)

Participants also identified that following professional procedures was an indicator that they undertook scrupulous ethical practice.

I'm always thinking what do I need to do now so that I'm protecting myself if something goes wrong? And you have to always be in that head space of bum covering, and I know people here laugh at me because I'm, do it my way, you follow the rules, you do it as it goes, but I'm like, that's protection for me. (P8 - F)

Now that I am in this assessment role people are pedantic and they have got nothing else to do but sit in jail and complain about all the reports that are being written about them. I deal with that threat now by being water tight. I write everything down that they say. I have got the most detailed notes. Everything gets checked and double checked. Errors are made but they won't be careless ones, you know they won't be say, if someone is ready to, you know, get my report through freedom of information and start to go through it with a fine tooth comb, I have done everything I can usually, I've covered myself like that. (P12 - F)

The final indicator of scrupulous practice outlined by participants was keeping personal information private.

I mean I do all the standard things, I don't have my name in anything, I don't have my phone number anywhere, I don't give up a lot of information to clients about myself, you know the way that psychologists should work, but it's also about I don't want you to be able to connect the dots and know where I am. (P12 - F)

But I'm not in the phone book and I don't have my name on the office premises. What we always say to our staff here is, "Once the clients have information there's no taking it back." And often then the instability then becomes more apparent downstream. (P23 - M)

Imprudent

Conversely, participants identified two indicators that suggest imprudent ethical practices were undertaken. The first proposed indicator was participants mismanaging their professional boundaries with the client. Failing to hold firm boundaries allowed the client to feel comfortable enough to ask the participant to extend their relationship.

A woman that I was seeing at the end of the session said to me, "Oh, you know, what are you doing after work", and asked me ... basically invited me for coffee afterwards. (P5 - M)

Whilst you're not going to expect to be threatened physically, there might be some, you know, he might come onto you or something, and make a pass, and that's a bit what do I do here?... that would evoke a feeling of uncomfortableness. (P1 - F)

The second indicator of imprudent practices identified by participants was an inability to keep personal information private. In this situation the client has been able to gain knowledge of private information about the participant. This was experienced by one participant in the form of their client knowing where they lived.

There was another occasion where it actually encroached into my personal time because the guy in question lived over the road from me at the time which had never been a problem up until then. He

was very respectful and would never approach me in the street, he'd put his head down and pretend he hadn't seen me and that was fine. But after we'd had this particular incident, I suddenly thought one afternoon walking home from work, what is going to happen if I see him today on account of what's happened? So it's very rare that I would even think about work or a client outside of work but I did and the fact that that proximity certainly concerned me. (P11 - F)

It was also experienced in the form of a client managing to gain the participant's private home phone number.

It's a very small town, even with silent numbers; I have had clients get my silent number... I was working in another office where there was also a dentist that he went into. So he asked the dentist who didn't know my number. But the physio next door's daughter was a good friend of my daughter, so the physio had my number. That sort of thing, there are connections everywhere... if someone wants to find you in this town, they will. (P29 - F)

Management

The qualitative interviews also revealed that participants viewed the management of a client threat as another core aspect of client threat experience. Participants seemed to differentiate between the resources that are drawn on to deal with a client threat during its occurrence and those that are drawn upon to deal with the consequences after the client threat has occurred. Additionally, participants identified a range of barriers that, in their experience, have hindered the process of managing client threats.

Management Resources for During a Client Threat

The participants in this research were able to provide an array of strategies and techniques that they perceived as being useful in the management of a client threat while it was occurring. These techniques and strategies can be further categorised

according to whether they are implemented to control their own personal response, to respond professionally to the client or to respond according to procedure.

Control Personal Response

In regards to managing their personal responses to the client threat, Figure 4.19 illustrates that this process occurred on both a physical and mental level for the participants.

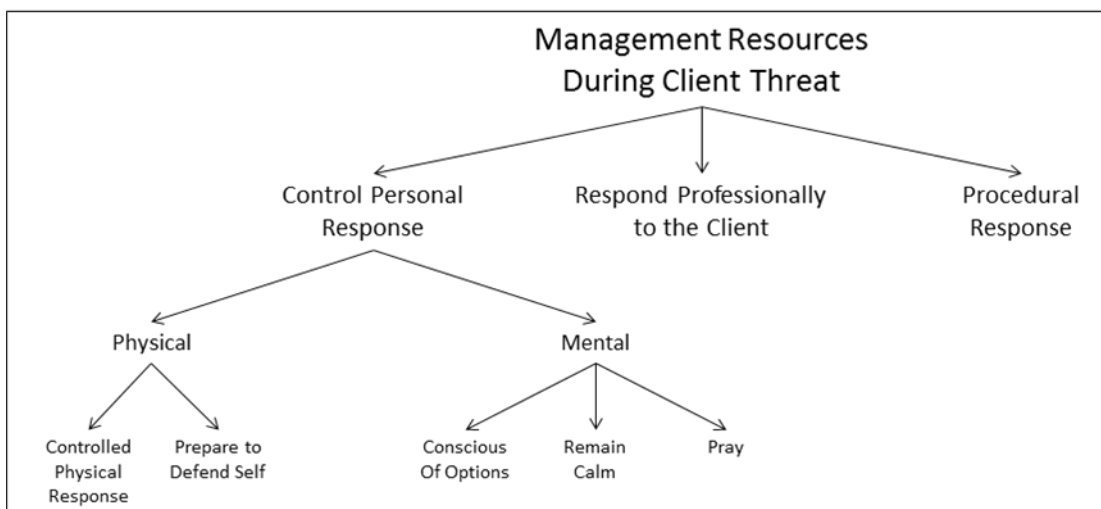


Figure 4.19. Management resources employed during a client threat to control the participant's personal response.

Physical Response

Two specific behaviours were employed by participants to manage their physical response to the situation. The first of these involved controlling their outward physical response to the threat.

I think, because I acted like it was all fine, like, "ha ha ha", or "look, just go back and sit down". I think if I had actually reacted, like screamed "let go of me", or things like that, I think the person probably would have escalated in his behaviour more. (P8 - F)

I stayed calm, stayed seated, talked very quietly and slowing and calmly and heard them out. (P11 - F)

In some instances, managing their physical response also involved preparing physically to defend themselves, if necessary.

While I was talking to him to calm him down or what have you, sort of began to adopt a posturing and, you know, the readiness to either defend myself or try and protect myself or whatever the case may be. (P32 - M)

Mental Response

There were also a number of mental processes identified that helped the participants manage their personal responses during the threat. One of these was participants becoming conscious of the options available to them in order to ensure their safety.

I've been in an office with the door shut and a client has gotten to that point where I have kind of gone, ok I need to actually think about where the button is and I need to think about how I am sitting, and just been really conscious of having to keep myself safe. (P11 - F)

Another mental process that was perceived to be useful to participants in managing their personal response was making a conscious effort to remain emotionally and psychologically calm throughout the threat. Not only does this help to stop the situation from escalating further, but also maximises the participants' ability to logically think through the options available.

I just go into the, you know, stay calm, just try and take a few deep breaths. (P21 - F)

I guess I have found, well, I did find that just by feeling like I was just terrified on the inside I was able to stay really calm. And yeah, so I certainly didn't respond to the aggression by, you know, I think I just maintained my own calm. And I didn't confront them in any way. So I just listened to what they were saying. (P28 - F)

One final mental process that was identified by participants in the research as useful is praying to help remain calm.

I'm a Christian so I'd pray and I'd pray pretty hard about something like that. (P14 - F)

Respond Professionally to the Client

Management resources were also drawn upon by participants during a client threat which allowed them to respond professionally to the client. As seen in Figure 4.20, participants in the research identified a clear distinction in the management of the client threat depending on whether psychologists felt that they were able to remain in the room and work with the threat or they needed to escape the threat to ensure their personal safety.

I think every situation could be different so I think, first of all you've got to really check in with yourself, then check in with, okay, am I able to actually stay in the situation or is my fear to such a level that I can't. Right, because of this threat I actually need to remove myself and I need to actually look at ways of doing that that will cause them to be less aggressive, possibly coming back from it. (P45 - F)

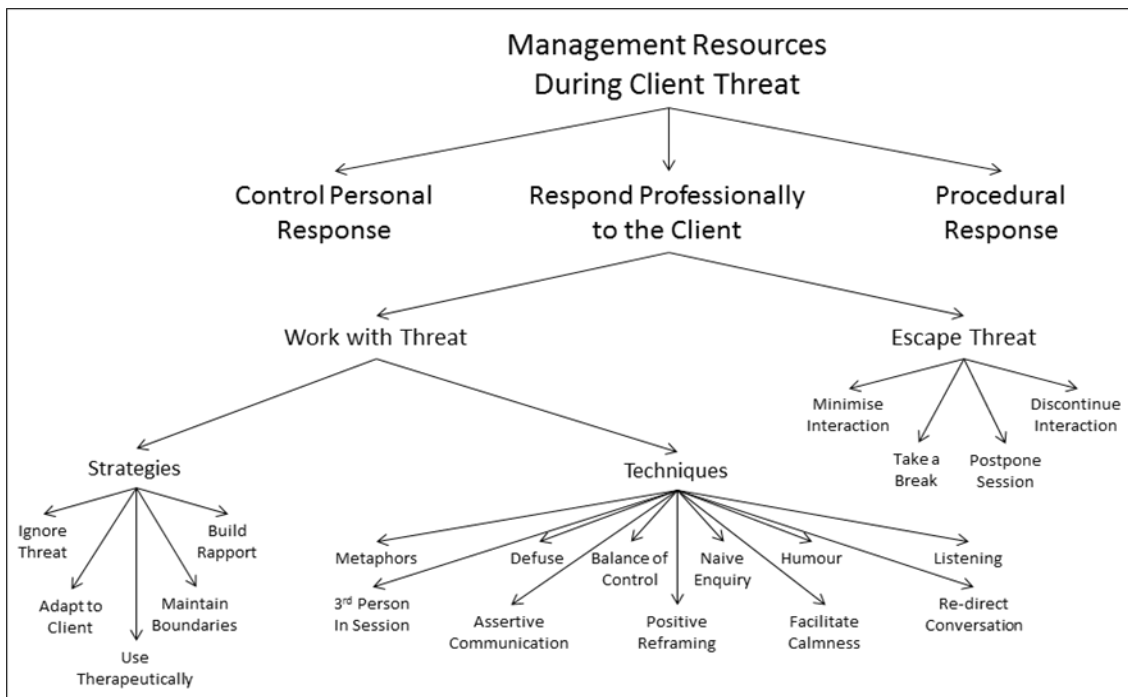


Figure 4.20. Management resources employed during a client threat to respond professionally to the client.

Working with the Client Threat

When the participant felt that they were able to work with the client around the threat, then the following strategies and techniques were deemed to be useful.

Strategies

The strategies outlined by participants referred to a longer-term strategic framework that was consciously employed in order to minimise the seriousness and impact of the client threat. One of the strategies outlined by participants was to actually ignore the presence of a threat and continue on with the interaction with the client.

It depends on the client, sometimes it just pays to ignore it. If they're looking for a reaction just shut it down. (P12 - F)

Not necessarily responding to it and having to act on it but just knowing it's there. (P11 - F)

Another strategy outlined by participants was to ensure that they adapted or tailored their responses to the threat. Participants indicated that having one default response to a client threat is not always useful, instead the unique circumstances of the client and situation need to be taken into account in determining the appropriate response.

I guess it would depend on the client. I know I have had situations with clients that I've worked with for 5 years and had a really intensive kind of working relationship with where I would probably be more comfortable in saying you know; "Hang on a sec, let's just stop and kind of unpack this. That was pretty full on", "Where are you coming from?", "What's going on?" I would probably kind of unpack it a bit more if it was a client I didn't know as well and I didn't have that kind of working relationship with. I'd probably be more inclined to (a) make it very clear that that was inappropriate and (b) get help if I felt in that moment that I was threatened. (P11 - F)

Using the client threat therapeutically was another strategy outlined by participants. In these cases the participants used the client's actions and their own reaction to therapeutically address the issue within the session.

It would be so useful to be able to use it in future sessions to be able to say, "Look, let's really look at what happened there" And if

this is because of what's actually happening in the world outside, let's see, how can we constructively explore what I felt when you did that. So I could use that threat as a means therapeutically. (P7 - F)

So as much as possible I think I would try and use what's happened to increase their understanding. (P13 - F)

The next strategy was for the participant to ensure that they maintained strong boundaries with the client.

Letting them know and then being clear in terms of boundaries, in terms of what is and isn't acceptable in terms of counselling. I will often, like I'll verbalise with kids and say, "It's okay to raise your voice, it's okay to swear but it's actually not okay to hurt me or throw things in my room". So letting them know what the general rules are. (P20 - F)

The last strategy outlined by participants was to continue building rapport with the client despite the incident of client threat.

I just still tried to build rapport with him and reflected on some of the difficulties that he'd been experiencing and tried to empathise with his situation. (P22 - F)

Techniques

The techniques outlined by participants refer to more specific and immediate responses that can be undertaken to reduce the intensity of the client threat and make it more manageable within the moment. One of the techniques outlined by participants was the use of metaphors.

Using a lot of metaphors with clients kind of helped me... picking the right metaphor that works for a client is really powerful, if they construct their situation with a workable metaphor that takes them somewhere, then it'll help. (P24 - M)

The next technique outlined by participants was to invite a third person into the session. Participants indicated that this third person was usually a colleague who was able to intervene in the client's threatening behaviour.

And so then I actually went and talked to the manager and he happened to be a male and so I just asked him. I explained to him what was going on and I asked him if he would sit in for the remainder of the interview. So that actually helped. I mean, immediately the guy came in to the room and he started talking to this young man, the young man calmed down and sat down and listened to him and then stopped being aggressive which I thought was interesting. (P30 - F)

Another technique outlined by participants was the use of de-escalation techniques to defuse the situation.

I think that's where the psychologist skills in deescalating conflict and not arguing but maybe reflecting what the person feels and acknowledging that and trying to explain as clearly and calmly and using all that ... drop your voice and all that sort of conflict resolution deescalating stuff. (P29 - F)

If you're in the situation and you are feeling threatened, to me it is about trying to use your communication skills to really defuse the situation and, you know, ask the person to calm down. (P44 - F)

The process of defusing within the context of client threat was explained by participants in the research in the following ways:

So the first thing is you sit down to make it a more relaxed posture thing. Almost like the motivational interviewing, ask him really good questions to find out about, you know, I've observed the behaviour, I've observed this happening, and I'm really keen to find out what it is you need that you're not getting, and what can we do to help them, and what would it take to keep you here. (P4 - M)

Rather than them blocking or antagonising, you roll with the person. So I guess if they come with a particular issue that is

making them angry, rather than challenging that or blocking it, you roll with it and you validate, and yeah you go with the client on those occasions and that tends to defuse, because if you're there on their side, how can they be angry with you? (P15 - F)

The next technique was for the participant to use assertive communication to convey to the client their thoughts and feelings around their experience of the threat.

Also being quite assertive without being aggressive, but being assertive so that, you know, often people will back down if they think, you know, they'll keep going if they think they can get away with it but if you put a block in there and let them know, hang on, I don't want to be spoken to like that, people will often, I've found, back down. (P44 - F)

Just levelling with how you're feeling. "When you shout at me like that, I'm feeling really threatened, please lower your voice and tell me what you want to tell me in a reasonable manner, because I can't listen to you when I'm feeling scared". (P1 - F)

Another technique outlined by participants in the research was restoring the balance of control between themselves and the client. In some instances this would require the participant to allow the client to feel that they have control over the current situation.

Try and make them feel like they are still in control of the process and particularly if they have acted out in the past that's often where it has come from; it's like a defensive thing, feeling like they are not in control. They want to re-exert control so I try and make them feel in control of the situation. (P10 - F)

I kept saying to him, "So, is it okay if I ask you about this?", and "I'm going to say this, is this all right?", and you know, "if you don't want to answer that", or "if you don't want to talk", you know. (P33 - F)

In other instances, this would require the participant to regain control over a situation when it has been lost.

If I've had somebody stand over me, I've actually stood up; I find that that really helps because then I'm more on their level than if I've been seated. (P44 - F)

The next technique outlined by participants was the use of positive reframing to alter the client's perception of a set of circumstances.

Other ways would be deflecting the situation. If someone has a bit of a beef to grind about a particular situation... you might reframe, refocus and start, "Oh, by the way such and such has got certain strengths", or start talking about the positives, that sort of strategy... actually changing the nature of what the person is talking about, if they're getting heated about a situation. (P3 - M)

Another technique was for the psychologist to use naive enquiry to explore the issues surrounding the threatening behaviour and get the client to talk through their associated thoughts and feelings.

I'll often play dumb as well, "oh, look, I'm really not sure what's going on here"; I actually find playing dumb really works well with people that are being hostile, and trying to just play that innocent helper. (P8 - F)

The next technique was for the participant to facilitate calmness by giving the client the time and emotional space that they require, as well as promoting calmness within their interaction.

If I've got somebody who's really, really angry, we need to deal with that before we can deal with any of the content and substance; we've actually got to bring that extreme emotion down as a first step. (P24 - M)

Participants suggested that this may be done in the following ways:

I may interrupt and just say, "Look, why don't you take a minute and just take a deep breath, or, have some of your water". (P21 - F)

I think me being really aware of the client's emotional state and really backing off. So knowing when to stop, knowing when to

stop asking questions, or stop pushing, or say, 'Let's take a break', or 'All right, don't worry about doing that task, let's move on', or 'How about I come back another day', or just knowing what the client's limits are, or when they're getting close to their limits, and not pushing them any further. (P33 - F)

Another technique outlined by participants in the research was to inject humour into their interaction to lighten the mood and set the tone for more positive interactions.

Look, for me, I am a comedian, so I'll often try and deflect situations by getting a bit of a joke or a bit of humour out of someone and having a laugh... generally, I probably use humour the most when it's getting out of hand and I think they're going to explode, because I think I'm pretty quick with it. So that seems to work. (P8 - F)

The next technique outlined by participants was to re-direct the conversation away from issues that the psychologist feels has led to the occurrence of the threatening behaviour.

So I just basically, you know, encouraged him to stay calm and we talked about other things for a while. (P21 - F)

So I guess it's a bit about, yeah, validating and explaining and redirecting them as well, and sort of move them off particular topics or subjects. (P33 - F)

The last technique was to ensure, not only that the participant listened to the client's thoughts and feelings around the threatening behaviour, but also ensure that the client felt that they were being heard on these issues.

I just allowed him to be heard really and then he was fine... often when people are really angry, the way I perceive it is they come from a space of injustice, they've been wronged in some way. So allowing him to be heard and saying, you know, "I hear what you're saying, let's talk about it". (P20 - F)

So I tried to sort of cool down the client a bit and let them feel like I was hearing them and understanding them and I wasn't challenging them or becoming aggressive with them. (P22 - F)

Escape the Client Threat

If participants felt that they needed to escape the client threat to ensure their personal safety, a number of approaches were employed. The first of these was minimising the interaction between the participant and the client. This reduced the likelihood of the client's behaviour escalating further in reaction to the participant.

So I very quickly realised that I didn't actually have a lot of control in that environment, and that the best thing I could do as well, the only survival strategy, was to actually be quiet. And so I spent the bulk of that three, three and a half hours relatively mute... the thing that I was able to do, that I think actually probably saved me to some extent, was I made a decision that I wasn't going to do anything to provoke her. (P34 - M)

Another approach was for the participant to call a break in their interaction with the client to allow time for emotions to dissipate and the client to reflect on their behaviour. This also allowed time for the participants to assess the situation and determine the next course of action.

Taking breaks, you know, let's go for a coffee, let's have a coffee break, go for a wander, get some fresh air. And I find that with anyone that's getting a bit anxious or uptight, then that often is the thing that helps. (P35 - F)

If I can tell that the client is flaring up I might even just say to them, "I'm not actually feeling particularly comfortable here, would you mind just toning down your behaviour or maybe we should take a break for ten minutes and come back to it". (P16 - M)

Another approach outlined by participants was to postpone the planned session until a later time. This approach is relevant for when the threatening behaviour

occurs before the session has begun or at the beginning of the session, and ensures that further opportunity for threatening behaviour on the part of the client is eliminated.

If someone's totally out of control before they start the session, actually saying to someone, "It looks like you're really so agitated, I don't think today's a good day to have counselling"... if someone was presenting in a highly agitated state, then coming in for one on one counselling might not always be the best thing. (P20 - F)

The final approach that was described by participants in the research was for the participant to discontinue their interaction with the client. The majority of participants suggested that if they felt sufficiently threatened by a client, they would simply leave the room to ensure their immediate safety and then decide on further management techniques or strategies.

I would not hesitate to leave a situation either. If I felt really, really concerned and thought that I was under threat, I would have no hesitation in saying, "I am uncomfortable with this and I'd like to end the meeting now", and I would just walk out of a room. (P44 - F)

Procedural Response

The participants also indicated that during a threat, they responded in line with procedural protocols that had been established for incidences of client threat (see Figure 4.21).

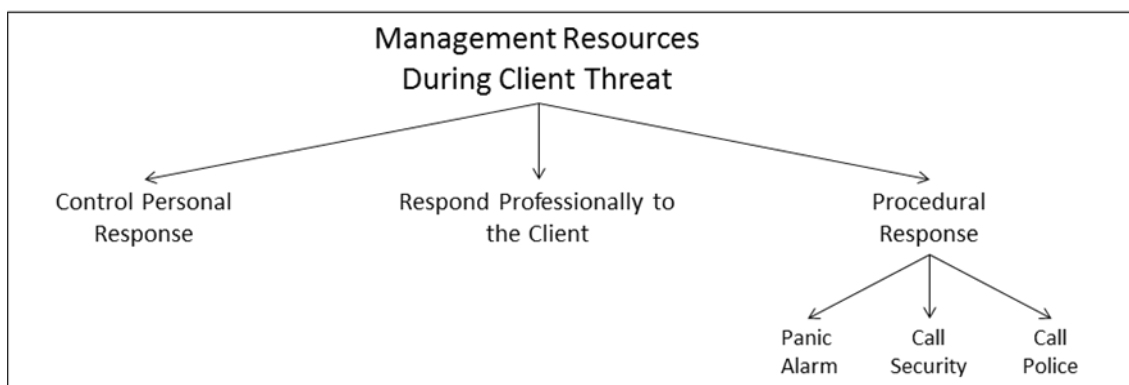


Figure 4.21. Management resources employed during a client threat to respond in line with procedures.

Participants indicated that it may be appropriate to press a panic alarm as a way of managing a client threat. The use of a panic alarm alerts others to the existence of a threatening situation and sets in motion an established emergency protocol.

We have got alarms down at the clinic, personal alarms which fit with each room so they are quite good if I was to feel threatened, or a trainee for that matter was to feel threatened, they would take an alarm in with them and you know, as soon as that's pressed people would come running. (P9 - F)

Another procedural response to a client threat was for the participant to call security, if available in their workplace. This would ensure that the psychologist gained immediate support in managing the threatening behaviour of the client.

That's when I get security officers in. (P12 - F)

One final procedural response available to participants during a client threat was calling the police to attend the scene.

I would simply get up and walk straight out the door, and then I'd get the admin person to call the... police. (P4 - M)

So somebody pretty quickly I think called the cops... I think it took four cops in the end to get her out of the room. (P43 - F)

Management Resources for the Consequences of a Client Threat

In addition to managing the client threat while it is occurring, participants identified the processes that are undertaken after the client threat, to handle its consequences. A number of strategies and techniques were identified by participants. As seen in Figure 4.22, these processes can be categorised according to whether they are implemented to control personal consequences, control the professional consequences, or are procedural processes that need to be completed after a client threat has occurred.



Figure 4.22. Management resources employed by participants to address the consequences of experiencing a client threat.

Control Personal Response

Participants in the research indicated that when managing any personal consequences, after a client threat has occurred, they did so by either accessing support or undertaking self-care.

Access Support

Two possible options for accessing support were identified. One of these was to engage with psychological services so the participants were able to work through any emotional issues that this experience has raised for them.

Even getting your own counselling, particularly if you have had any personal history of that kind of stuff and it triggers stuff off for you. (P10 - F)

The other option that was identified by participants was to engage with a general practitioner (GP) regarding any personal consequences they may be experiencing.

You might consult your GP for further, you know, if further stress happens or whatever, just to safeguard. (P3 - M)

Self Care

The participants identified a number of specific self-care techniques that can be undertaken to manage the effects of experiencing a client threat. The first of these was maintaining positive interaction with friends and family outside of work.

Just renewing my own healthy contacts with the world, because sometimes you hear all these awful things that people have done to each other and it can be a little bit, oh look what people do, you know isn't that just awful, so it is really keeping up my own really positive interactions with the world, where I don't get my believes sort of skewed by the things I've heard or the people that I see.

(P10 - F)

The next self care technique outlined by participants was to use stress reduction techniques.

I suppose that's got to do with just managing stress in general, you know, different health strategies you might say, like, physical exercise, meditation, just eating well, those sorts of things. Doing, you know, the normal lifestyle type activities to try and reduce stress. (P3 - M)

Just the simple things: having a bath, always having emergency chocolate in the drawer at all times, is so important. (P8 - F)

Participants in the research also outlined that monitoring self talk was another useful self care technique.

I think your self-talk is important, probably in any situation because it can lead you off negatively or positively. So I think if you realise all of a sudden that you're really giving yourself a hard time over a situation, you need to pull up... Self-talk is important, and just to be aware of it, be really aware of it and understand what you're telling yourself about situations. (P44 - F)

Another self-care technique was for participants to limit the work load that they are taking on.

So it's about being a little bit more gentle with yourself. Perhaps, you know, the next day you might cut back your work so that, you know, you're not over burdening yourself; so you might think, okay, this work's less urgent, I can put that off until the next day or the next week or something. (P31 - F)

My self-care is working a job where I have 12 weeks off a year, and that was the biggest pull why I came over here was for holidays, because I know I've got nine weeks, two weeks, off. I couldn't take this, I couldn't do this all year round. (P8 - F)

Another self care technique outlined by participants was to take some time off work following the incident.

My work sort of said to me you'd better take some time off and spend some time with your family and settle down a bit, so I did actually take a week or so off. (P34 - M)

I think I took a week off work, just to kind of deal with the, you know, initially hyper-vigilant response till that kind of went down a bit. (P43 - F)

The technique of participants limiting their work load or taking time off work, after the incident, provides time for the effects of experiencing the client threat to dissipate. Participants in the research outlined that it is important to remember that the effects will have less impact as time passes.

Usually for me time, just a bit of time to forget and the memory loses its sting after a while. (P14 - F)

As far as the aftermath you just get that time and it settles down and you feel better eventually; it doesn't last forever, you just feel a little bit frightened and a bit sick, whatever. It passes. (P14 - F)

Control Professional Consequences

As seen in Figure 4.22, the management of the professional consequences of experiencing a client threat can be achieved through both case management and access to professional support.

Case Management

Participants identified three case management techniques that aided them in controlling the professional consequences of experiencing a client threat. The first of these was to seek a consultation with a colleague within the mental health profession. Doing so allowed participants to gain the perspective of another professional and use this to formulate a management strategy.

The other one is always consulting, consulting with peers as the situations unfold. Bit of a luxury in public service where you've got a team and a supervisor. (P23 - M)

I think if there had been somebody else who's not obviously a clinical psychologist, but say a psychiatrist, who was regularly reviewing and we were discussing it, I think that would have been helpful. (P9 - F)

Another case management technique identified by participants was to refer the client on to a colleague. This option meant that the client could continue to receive the necessary psychological intervention, however, the participant was able to avoid re-encountering a threatening situation with that client.

When the basic challenge model of the CBT and the psycho education sort of supportive care approach don't seem to work then I'm at a loss and then I start to think about referring on... it's all right to refer on and there might be other colleagues out there that can maybe have a bit more of a chance of success with them. (P19 - M)

The final case management technique identified by participants was developing a safety plan for working with that client. In doing so, participants had a planned strategy for managing any future threatening behaviour from the client.

So yeah setting up a safety plan, those sort of things, someone to call if you felt in danger. Those kind of things. So very action oriented stuff. (P14 - F)

Access Support

In regards to accessing professional support after the threat has occurred, participants in the research thought that this could be done one of two ways. The first was to seek supervision from a more experienced psychologist and talk through the client threat.

I guess supervision, I mean that's where it always comes back to supervision. Talking to more experienced therapists about how you managed it, how you could have managed it better, whether there was things you could have done differently but also managing your own sort of reaction to that in terms of still seeing people and still sort of continuing. (P10 - F)

The participants in the research suggested that undertaking supervision after experiencing a client threat is helpful in the following ways:

I think what the supervision helped me to do, was to be more direct down the line so, you know, if something's not good and not acceptable, we're not to just be the nice guy, you know, trying to palliate things. (P5 - M)

I guess just being able to really talk out exactly how I feel. I've had really positive experiences where I've been able to say, like, if I haven't liked someone and what my feelings are towards that person and have found it really useful to explore what that's about in terms of what it tells me about both myself but also the other person as well. So I found that useful. But I guess just getting skills as to how I could best approach him if it was him again in a new kind of life and what might work and what that's about but also what ... if I'm taking too much responsibility on to kind of just let some of that go. (P18 - F)

The other way of accessing professional support suggested by participants was through collegial support.

A lot of my friends were psychologists so I would talk it through with them and I learned a lot. (P2 - F)

I would hope that after a really bad threatening experience, you would find a colleague and debrief and really talk through really well. (P7 - F)

It was suggested by participants that accessing collegial support, after experiencing a client threat, is helpful in the following ways:

We know that perception of support is important, so if you know that you have someone you can talk to afterwards, like peer supervision or just even someone to say, 'Guess what happened to me?'. That does make it easier to handle if you're not left holding that on your own... Even just speaking to someone, you know, 'Do you think I handled that the right way?', just someone to say, 'There, there, you poor dear'. That sort of thing. Knowing that it's there can make it easier to handle. You're not out there on your own. (P29 - F)

Just to have someone to listen so that you can express how you feel, talk about what happened, express how you feel. Often a colleague then will, you know, use reflective listening and, you know, I can think of one psychologist who, she was my debriefer, you know, she'd run off and make me a cup of tea and sort of, you know, and then she'd check on me for the next week, "How you going? You feeling okay about things? Are you all right? How you travelling?", and so she'd sort of touch base and things like that. (P31 - F)

Procedural Processes

The participants also indicated that, after a threat, they may respond in line with procedural protocols to ensure that either; the consequences of the client threat

are dealt with, to ensure others are aware of the client's actions, or to ensure that the client receives the appropriate consequences for their actions. As seen in Figure 4.22, these procedural processes can occur either within the organisation or in the legal system.

Within the Organisation

Participants identified three procedural processes that can be followed within their organisation, after a client threat has occurred. The first was participants choosing to enter some form of mediation with the client, in the presence of a third party, to try and resolve any issues that have arisen.

I think my boss then, the senior, handled it well... There was an allegation, he asked me to go over to this meeting, and he asked the guy to state things. He wasn't there trying to cover my backside in any way, you know, so all round I thought it was handled well and there was never any innuendo after that. (P5 - M)

The second procedural process was completing an incident report, in regards to the threat; that is held on record within the organisation.

I reported that because we have to report any threats. (P4 - M)

Obviously, you want, documenting everything... any kind of behaviour or anything was recorded so that you could reflect back on that. (P7 - F)

The third organisational procedural process identified by participants was informing their line supervisors or other management of the threat, to ensure that the appropriate organisational policies can be implemented.

You would obviously, probably talk to your line manager as well, to let them know what has happened in case anything else further down the track happens. (P3 - M)

Within the Legal System

There are also procedural processes that can be followed by participants within the legal system. The first of these is for the participant to inform the court of the threatening behaviour, if the contact with the client is a result of compiling a report for the court. Doing so ensures that the court is aware of the client's behaviour so that it can either make orders to ensure that the behaviour does not continue or at least consider the information when deliberating on the matter at hand.

So if anyone rings me after my Family Court reports or there's a threat and it's not, sort of, I want to know something, I let the Court know. Because it's very important that the Court knows that the parent does things maybe that the Court doesn't know about, and that kind of implications of risk. (P35 - F)

It was also outlined by participants that they may instigate their own private legal action in an attempt to ensure that the threatening behaviour does not continue. This might be done through composing an official letter, in consultation with a lawyer.

It's a question of, I suppose, method of least resistance, gradually escalating it only as far as you need to but maybe if cutting ties didn't work I would consider going to my lawyer and having them write a firm but polite letter to the effect that if you don't stop ringing my client up or doing whatever, then we'll be taking it further, and only if that didn't work. (P29 - F)

Participants suggested that another option is for them to press charges against the client.

That might involve things like getting them charged. (P14 - F)

There is also the option for the participant to obtain a restraining order through the courts, if the circumstances require it.

Perhaps taking out a VRO (Violence Restraining Order) and letting the police know about the situation, you know, covering all the bases. (P14 - F)

I've known staff to have to take violence restraining orders out against people who threaten them... I mean, it's not an effective

technique, we know that, because people have been known to murder, but that would be only really if you felt there's no other way. (P29 - F)

Barriers to Managing a Client Threat

In addition to the management resources that have been outlined, participants were able to provide insight into the barriers that, in their experience, have hindered their ability to effectively manage client threats. These barriers complicated their ability to effectively deal with client threats and consequently put them in danger of experiencing adverse outcomes from such a situation.

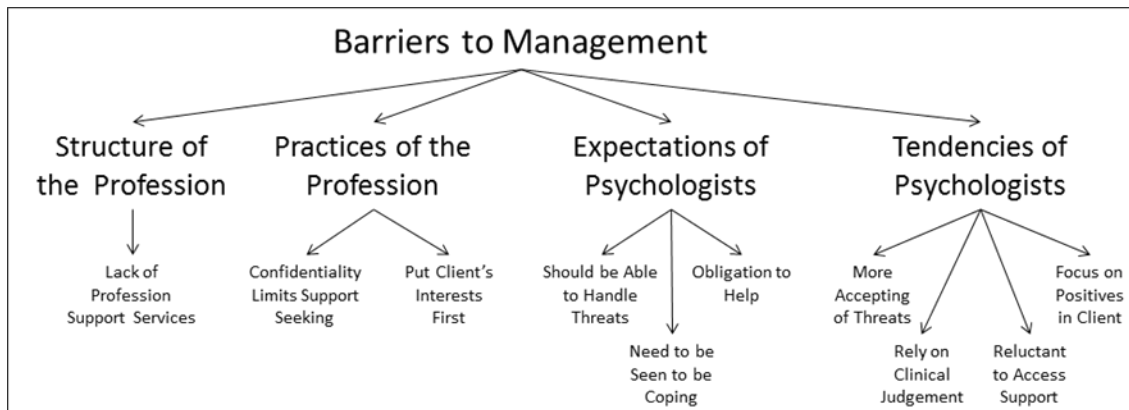


Figure 4.23. Barriers to the effective management of a client threat situation.

As shown in Figure 4.23, the participants have experienced barriers to the management of client threats that relate to: the structure of the profession, psychologists' professional practices, the expectations that psychologists perceive others place on them, and psychologists' professional tendencies.

Structure of the Profession

Barriers that relate to the structure of the profession refer to the bodies that have been established to support and regulate the profession, as well as the fundamental professional practices that have been established. Participants in the research identified that one such barrier was the lack of professional support services.

I don't really feel like there's an external structure that supports psychologists, like, when you look at the Registration Board, they seem to have a punitive role, a regulatory role. The APS, they're

not really hands-on with anything and so there isn't really a group that looks after us... And so I feel like there should be a way of supporting us because when we are targeted by clients, we're much more likely to have someone really unwell, so it's much more likely to be a really horrible affair... Or having a system set up where you can get support for those kinds of things. (P6 - F)

Practices of the Profession

Barriers that relate to the practices of the psychology profession refer to practices that the professional body requires psychologists to undertake. Such practices are outlined in the profession's Code of Ethics and are required to be undertaken to remain within the profession. The first of these barriers involved the need for participants to maintain client confidentiality. In some instances this hindered psychologists' ability to seek support for incidences in which they feel threatened, as they fear doing so will be a breach of professional ethics.

Things like confidentiality... I find hard, that people just don't know what happens, and because they don't know they can't help, and if you can't tell them you can't get help from them either. (P8 - F)

The corner stone of what we do is maintaining confidentiality... So there is a reluctance to discuss threatening behaviour outside of the session whether it be to authorities or to a GP or to a family member or even to a colleague. It just doesn't sit well with me, so that's one of the battles too. (P15 - F)

Another barrier that related to the practices of the profession was that participants are required to put their client's interests first. This obligation, regardless of the personal costs, puts the participant in a dangerous position if their personal safety is a low priority.

Because I don't think our tendency is to look after ourselves, our tendency is to think about the client rather than ourselves. Which is a good thing, like, that's appropriate in most relationships, it's not our interests, it's the client's interest. But when you have a

safety breach, well, frankly I think that overrides any kind of duty of care of the client and you should be aware of what you can do.
(P6 - F)

Expectations of Psychologists

Other barriers outlined by participants relate to the expectations that psychologists believe others have of them. Some participants perceive that they are expected to manage difficult situations because of their training. This professional pressure has led participants to take unnecessary risks in an attempt to successfully manage the client threat themselves.

I do think there is a bit of a sense that you want to do that work, you want to go into that environment, so you should be able to cop it on the chin. I do think that perception might be out there a little bit more. (P21 - F)

I guess I sort of felt like I'd done this training and I should know how to handle all different types of people and that it felt, to me it felt, that it was silly to feel intimidated in a setting where it's my workplace. People come and go all the time, nothing has ever happened that I know about... sometimes you don't feel that you can really talk about it because it seen as a weakness on your part to not be able manage it, or that you're not strong enough to be able to handle difficult clients. (P22 - F)

These expectations on psychologists have also led to the belief that psychologists should be able to cope with all situations. Participants identified that there is a tendency among the profession to believe that they need to be seen to be able to manage all forms of human behaviour efficiently and effectively on their own. This belief led to participants being reluctant to seek help and advice in the management and prevention of client threats.

I think in our profession it is the hardest thing to go and say, I'm not coping, because we are the people that help people cope and it's a hard thing. (P8 - F)

I think again there's still a lot of stigma associated with saying, "I'm not coping, you know, I need to take some time out or I need to get some help". (P30 - F)

Finally, these expectations also led participants to feel that they have an overriding obligation to help their clients. This perceived obligation to help may mean that addressing issues of client threat are a lower priority than the needs of clients and subsequent progress.

I think psychologists often want to help people and that might make it difficult for them to put in some of the boundaries they might be needing to be put in when managing clients' behaviours. So you might put off doing something or saying something because you don't want to ruin or rupture their therapeutic alliance, or you don't want to have the client mistrust you or different things. So people might tend to sort of ignore the concerns that they have for that reason. (P22 - F)

We have an obligation to try to help. That obligation implicitly pressures us to, perhaps, not respond to our internal signals of danger and proceed forward nonetheless in an attempt to try to help. (P32 - M)

Tendencies of Psychologists

The final cluster of barriers relate to the professional tendencies of psychologists. The first of these was that psychologists have a tendency to be more accepting of threats than other professionals. A number of participants believed that being regularly exposed to highly emotive and threatening behaviour was part of their work as a psychologist. Consequently, these participants were less likely to take preventative measures to avoid exposure to client threats, and increase their risk of experiencing a more serious threat.

We deal with people who have difficulty regulating their emotions, tolerating distress, behaving or reacting appropriately. That is what we do, so we can't just draw a line in the sand and say, "Oh

no we're not going to accept that", when the very nature of our work is, at some level, accepting that and working with that; so there has to be some tolerance, like in my opinion. Tolerance for that... it does place psychologists at a greater risk because of that. Because of this need to tolerate and accept at some level, more so than perhaps what other professions or the general public might tolerate, but then I guess that risk, that increased risk, would be moderated by again our clinical skills, our capacity to read the play and negotiate through that. (P15 - F)

Another of these professional tendencies was their propensity to rely on clinical judgement. Regardless of the mounting literature that suggests a psychologist's clinical judgement on a number of clinical matters is no better than chance (see Monahan, 1981; Quinsey et al., 1998; Werner et al., 1983), participants continue to rely heavily on their clinical judgement for issues such as determining the level of client threat.

I've always thought as clinicians, we're really intuitive at picking up behavioural changes and picking up on risk. And we had a guy come and talk to us, from a forensics unit, who presented some information from a case where a mental health worker, a really, really experienced mental health worker, was significantly injured, and he gave a really detailed, factual account of the lead up to this assault, and it really, I guess, struck a chord with me because I was thinking, there were two mental health clinicians involved in this particular case and they'd spent three or four hours with this client with no prediction of this behavioural change, and it escalated in a manner of seconds. So he went from, obviously he had some mental health issues, but not that were perceived as risks for aggression, and they were experienced clinicians, so I guess they would have been going on, you know, they knew this man, had worked with him before, and had been using their clinical acumen to judge the risk, and that really wasn't enough. And so when I'd had that pointed out, it made me think, oh gee, I'm reliant on my

clinical judgment to assess risk and that's clearly not sufficient.

(P37 - F)

The next barrier was the reluctance of psychologists to access support. Participants identified that they are reluctant to seek out psychological support for their own issues.

Most clinical psychologists don't go and see other psychologists.

(P4 - M)

I think we have a tendency not to seek out help, so we kind of just go, "Okay, I can manage that", but in fact, you know, I think that means sometimes we probably ignore when we need help with things. (P6 - F)

One final professional tendency that created a barrier to managing client threats was the tendency of psychologists to focus on the positive qualities in their client. While this is a valid therapeutic technique and relates strongly to the practices of positive psychology (see Hefferon & Boniwell, 2011; Peterson, 2009), doing so may hinder participants' ability to accurately assess the risk that their clients pose to them.

A lot of people, the vast majority of people if not, you know, all the people in the helping professions, tend to have a mindset that says that there is inherent good in people, and we tend to look for the good, we tend to look for the positives, you tend to reinforce the positives. And so, if you follow that line, then we tend to expect that people will always respond positively, because, you know, they are inherently good people and they're not going to do anything nasty... Well, the reality is of course that that's probably true for the majority of the population, but it's not true for all... But I think in some senses, I have the helper's blinkers on in not seeing the potential for, you know, nasty reactions in others. (P34 - M)

Consequences

The consequences of experiencing a client threat was the final core category to emerge from participants' recounts of their experiences and perceptions regarding client threats. These consequences were considered, by the participants, to be a direct result of experiencing a client threat and varied according to the type of threat experienced. As shown in Figure 4.24, there are both positive and negative consequences of experiencing client threats and these occur for the psychologist both personally and professionally, as well as for the whole organisation.

Positive Consequence

The positive consequences were considered to be those that had a constructive outcome for themselves, their professional practice or for the organisation that employed them.

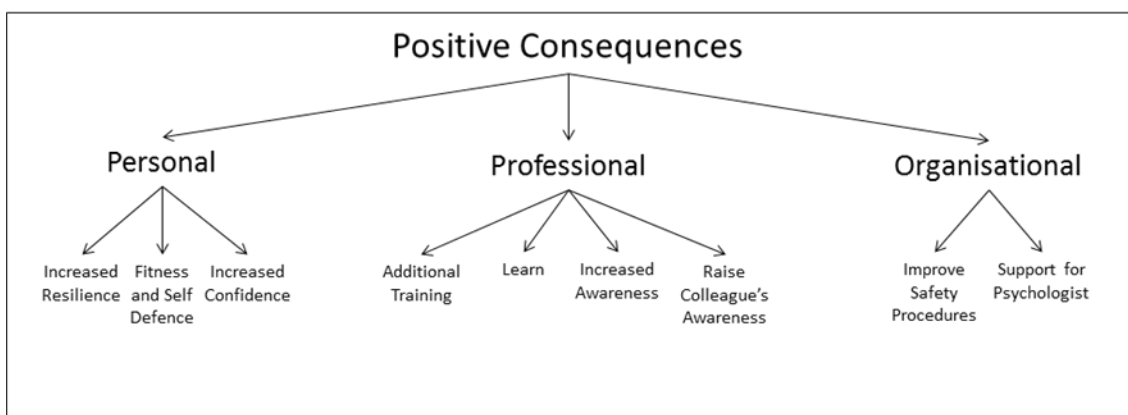


Figure 4.24. The positive consequences reported by participants after experiencing a client threat.

Personal Positive Consequences

As shown in Figure 4.24, the participants in this research outlined three positive consequences that provided a beneficial outcome for their personal wellbeing. The first of these was that the participant increased their level of resilience as a result of dealing with a client threat.

You develop a lot of emotional capacity to handle complex environments... you develop quite a capacity for what I call emotional fitness. You know how people go out and do training every day and get physically fit. If you go out and listen to enough

stories and can hang in and can learn from it, you develop emotionally. So you actually can climb higher mountains, you can listen to a whole story, and most psychs learn to do this if they stay in the game. You can actually listen to hours of absolute awful stuff, but learn to wash it away. (P2 - F)

The next positive personal outcome was that participants gained an interest in their own personal fitness and self-defence skills; helping them to feel that they are more capable of physically defending themselves against future threats to their safety.

I don't know whether this is intentional but I've maintained a bit of an interest in fitness and basic self-defence... I think that that might implicitly be part of trying to be prepared for threat type situations. (P32 - M)

The last of these positive personal outcomes was that the participants had an increased confidence in their ability to deal with future incidences of client threat.

The good consequence was some level of credibility that I was willing, amongst other staff that I was willing, to use my people skills to try to diffuse the situation that was tense and threatening, not just for me but for other people involved. (P32 - M)

Professional Positive Consequences

In terms of the positive professional consequences of experiencing a client threat, participants outlined benefits to their professional knowledge. The first of these was that the participant sought additional training in regards to preventing and managing client threats.

I've tried to improve my competence in that area. (P1 - F)

I have also attended a couple of workshops just on dealing with angry people or dealing with threatening clients, those sorts of things. I noticed that those seminars piqued my interest. (P32 - M)

Participants also indicated that they gained knowledge as a result of learning from their client threat experience.

All the time I'm learning how not to get into these environments, and you get better and better at reading them and not getting caught up. (P2 - F)

You kind of think about what you did and what did I do wrong and what can I do differently next time and how can I stop this from happening? (P6 - F)

Another positive professional outcome from experiencing a client threat was participants' increased awareness about the risk and the nature of client threats that can be experienced by psychologists.

Well I think I'm aware of the threat on an ongoing basis or the potential for threat and it is not something that I would be looking out for having not had that experience. (P9 - F)

I am a bit more observant about a room I'm going into in terms of where I am sitting and where the patient is sitting and where the duress button is, if there is one. If there isn't one I will be kind of making sure I am next to the door. Which I probably did think about before but probably in a bit of an ad hoc fashion, but now it's one of the first things I do when I go in a room is just to check. (P11 - F)

Similarly, another positive outcome was that participants were able to use their experience to raise their colleagues' awareness to the possibilities of experiencing client threats. Consequently, this may encourage them to take the necessary preventative measure to avoid a similar experience.

There was a positive professional outcome in the sense that an international colleague of mine asked my permission to raise the issue at an international conference that we were both attending, which we did, and I think that might have helped sensitise some of my, you know, international... colleagues about risks. (P34 - M)

Positive Consequences for the Organisation

There were also positive consequences for the organisation as a whole reported by participants in the research. These consequences involved the organisation making positive changes to avoid further incidences of client threat. One of the changes reported by participants was the organisation improving the safety procedures they have in place.

We got windows in every door, all the security systems were changed, we started to do emergency evacuations. The jail felt safer and it happened within a couple of weeks. (P12 - F)

After that first situation, the whole organisation, and I'm not sure that it was just this incident, but I think just, you know, the fact that we do home visits in general, we actually had some training around home visiting safety and had some different guidelines that we started following. (P28 - F)

Participants also reported that as a consequence organisations provided support which enabled them to recover from the experience more efficiently.

The other thing is the organisation's support that I have for my role, so because I have to stand in that role and I can separate me from that role and I knew that the organisation was supporting that role and me in it and therefore the people who were doing the abuse and getting so upset, I think they knew too that their bottom line was that if it came to the crunch I would be the one supported and not them. (P25 - F)

Negative Consequences

In addition to these positive consequences of client threat there was also an array of negative consequences. Similarly to the positive consequences outlined by participants, Figure 4.25 illustrates that these negative consequences are also considered to impact on the participant themselves, their professional practice and organisation.

Personal Negative Consequences

The participants outlined four areas in which negative consequences of experiencing a client threat impact on the participant's personal wellbeing. Figure 4.25 illustrates that these areas are physiological responses, emotional responses, perceptual responses and lifestyle changes.

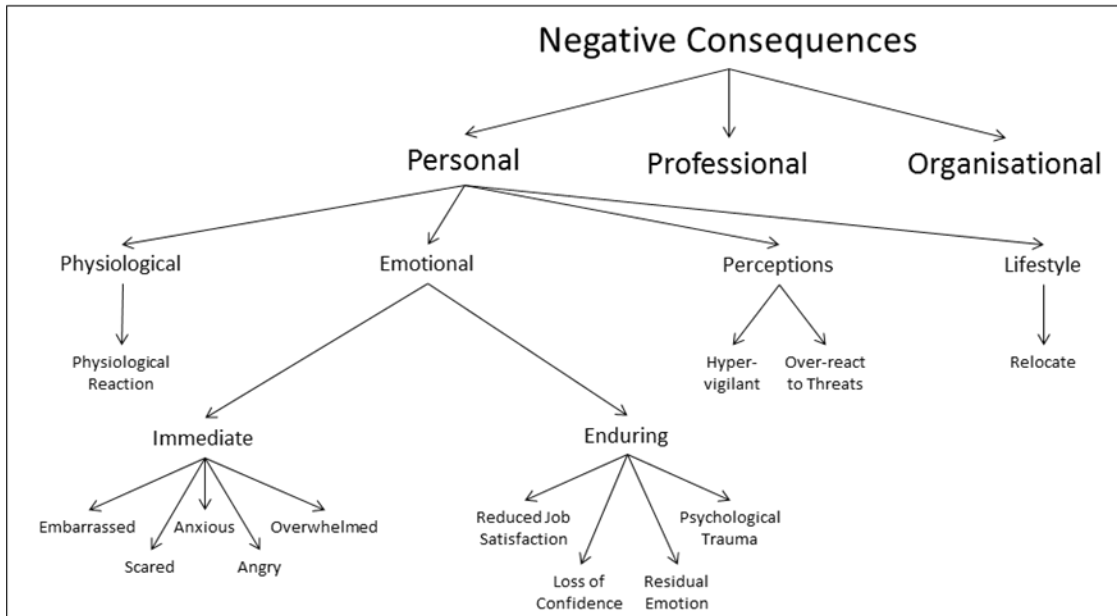


Figure 4.25. The negative personal consequences reported by participants after experiencing a client threat.

Physiological

In regards to their physiological response, participants described experiencing a heightened sense of arousal that included a racing heart, muscle tension and shaking.

Physically there was the physiological reaction that come up. I felt very, you know, butterflies in the stomach and really a lot of muscle tension, that sort of stuff. (P4 - M)

It certainly had my heart racing. (P28 - F)

Emotional

According to participants, the experience of a client threat can also lead to negative emotional consequences. Participants suggested that these emotional consequences can have a significant impact on them both personally and professionally.

The emotional state of the psychologist could be affected which might in turn affect their own personal lives or might affect the quality of their work. And also how they interact with other clients. (P16 - M)

Different types of emotional consequences were reported to be experienced immediately after the threatening event as well as more long term.

Immediate

The emotional responses were participants' initial emotional reactions to the situation that they had just experienced. There were five possible immediate emotional responses that were outlined by participants. The first of these was the psychologist feeling embarrassed.

I felt very embarrassed by it. I did feel apprehensive for quite a while. (P4 - M)

The second immediate emotional response that was reported by participants was feeling scared.

I was scared out of my tree. (P24 - M)

I was petrified... But it was the feeling of sitting in that room with him and his face just there, kind of, it was just awful, it was just really scary. Really uncomfortable. (P20 - F)

The third immediate emotional response outlined by participants was feeling anxious.

Yeah, well I did have some anxiety afterwards, after what happened with the client. (P43 - F)

I felt anxious I think for the next two or three days. I experienced symptoms of anxiety... because you keep going over it thinking, "Have I done the right thing? What could I have done differently? How am I going to manage this now if I have to keep working with this girl?" (P28 - F)

Participants also suggested that anger was an immediate emotional response to a client threat.

My first emotional reaction was actually anger which is probably not helpful, but I suppose it comes from that, you know, I am trying to do everything I can to help you, how dare you. (P13 - F)

I wanted to smash that kid's head in, at that time, I thought he's a fucking obese – excuse the language – waste of space, a real shithead and I hated him. At that point. (P27 - F)

The final immediate emotional response was the participant feeling overwhelmed.

Somebody's going to tell you the most horrendous disgusting thing and you're going to be overwhelmed. (P2 - F)

It can be exhausting, it can be overwhelming, and that's when I have my moments where I think I'd just really like to go and work in a check-out because I don't want this burden of responsibility and I'm sick of carrying the risk that comes with it, and you'd like to relinquish that for a little while. (P8 - F)

Enduring

Participants in the research also outlined a number of emotional responses to experiencing a client threat that were more enduring in nature than the immediate emotional responses previously outlined. They identified four enduring emotional responses that were experienced after a client threat has occurred. The first of these was participants experiencing a reduced level of job satisfaction.

I guess job satisfaction and frustration for myself is impacted upon... when things like this constantly occur, I would say that definitely reduces my job satisfaction to the point where I have considered actually moving elsewhere now. So that's a big impact. (P39 - F)

The second of these more enduring emotional consequences of experiencing a client threat were participants losing confidence in their professional abilities.

It just unsettles and undermines people's confidence in the work setting. (P23 - M)

I mean, it doesn't leave you feeling good and you do go away and question yourself, I certainly do – how can I have done that better, blah, blah, blah – so it can dash your, you know, put a dent in your confidence a little bit, a little while until you adjust and move on from it. (P44 - F)

The third enduring emotional consequence reported was experiencing re-occurring emotional reactions to the experience.

Even when I talk about them now, I can still feel sort of reaction to them, so you never empty them out completely. (P2 - F)

Finally, participants also indicated that in some instances, the experience of a client threat was serious enough to result in psychological trauma.

There's a danger that people get traumatised by the threats that they receive in their workplace. And that the things that then happen in work places, you know, impact on their behaviour outside of their work life. (P38 - F)

At a personal level, I went through, I would imagine, all of the stages that most people who are traumatised go through. Fortunately for me I think I went through them reasonably quickly, and maybe my professional training helped that... one of the things I struggled with was disturbed sleep, and most of the other symptoms of, you know, post trauma symptoms had settled down quite well, but I was left with this not being able to sleep as well as I had before. (P34 - M)

Perceptions

In relation to negative personal consequences, participants also identified a number of impacts that a client threat can have on perceptions of every-day situations. The experience has resulted in some participants becoming hyper-vigilant in regards to their surroundings. This means that the participant was in a state of sensory sensitivity in order to detect any further threats to their safety.

You became hyper vigilant when you go to work. (P12 - F)

My sense of safety publicly is very, you know, I drive in the car with doors locked because I know what happens. I've spoken with burglars and I know how they do it so... I'm just much more hypersensitive to it because I've seen what bad things that people do. (P8 - F)

A tendency for the participant to over-react to any subsequent threats that they experience is another negative impact that experiencing a client threat can have on their personal perceptions.

Picking up threat and acting on it where it's not warranted, so tending to act for instance too quickly to potential threat. (P9 - F)

Lifestyle

Finally, the participants also outlined that the experience of a client threat also has the potential to impact negatively on their personal lifestyle. This was experienced with participants feeling that they had to relocate in order to recover from the threat, or avoid further threatening situation.

Within a fortnight she'd moved to a very remote, very different part of the state. (P13 - F)

If it came down to that I would move. Probably wouldn't give it too much thought. I'd find somewhere else to live. Yeah, because it's not worth it. I sit there. If someone knows where you live and they are wanting to give you a hard time, no way, shift, change your phone numbers, do what you have to do. Don't sit in the firing line I reckon. (P14 - F)

Professional Negative Consequences

As outlined in Figure 4.26, there are negative consequences of experiencing a client threat that relate to the psychologist's professional practice. Participants experienced these professional negative consequences in relation to maintaining ethical practices, the development of their career, and their interactions with clients.

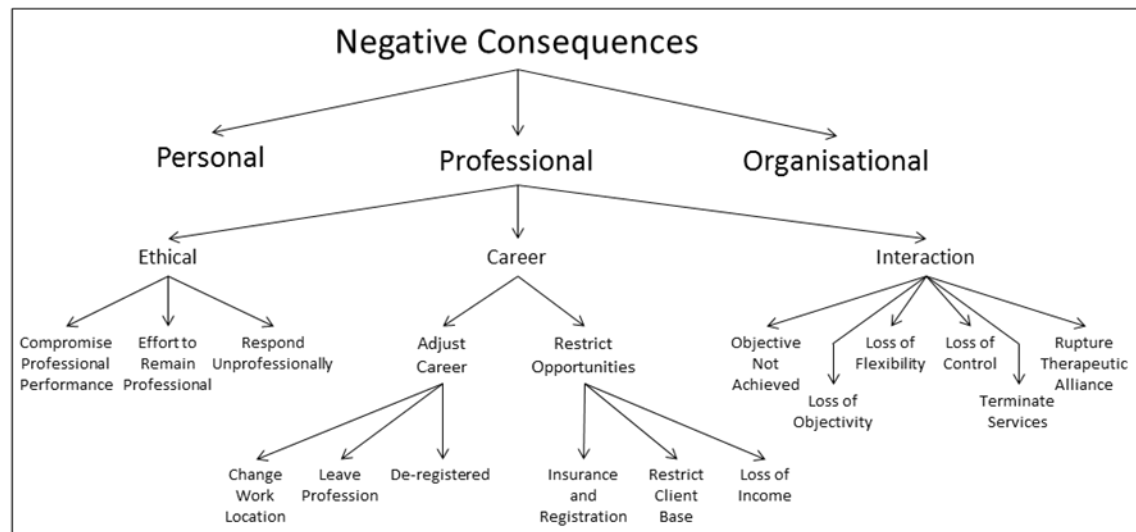


Figure 4.26. The negative professional consequences reported by participants after experiencing a client threat.

Ethical

The first area of negative professional consequences relates to the participants ability to maintain the ethical integrity of their professional practice. This may be compromised as a result of the participant not being able to provide the client with their best professional service.

I think at the end of the day, you really aren't operating in a way that you could. I think that if you've really been under threat and it's on any kind of a consistent basis, I don't actually believe you can be really present to your client. I really don't. Because I think there's too much of your own stuff going on. (P45 - F)

The participant's ethical integrity may also be compromised as a result of their struggle to remain professional while experiencing the client threat.

When it does happen though it's very time consuming and it takes a lot of energy and you've really got to think and make sure that you're professional and appropriate and all of that kind of thing. (P6 - F)

Finally, the ethical integrity of the participant may also be compromised as a result of them responding unprofessionally to the threatening situation. Participants reported that an unprofessional response undertaken was responding with their own threat.

So the next session I saw him, I said to him, "Look, I don't know what you're going to do, I'll tell you what I'm going to do, this is the last time I'm going to see you. You've been ringing my home, you've been threatening my wife, you do that one more time I know where you live, I will come and tear you from limb to limb, I'm not kidding you", and I sounded, I think I sounded pretty fierce and I said, "I want you to get out of my office. I will not see you again, but anything, a telephone call, any contact that you have with me and my family, I will tear you to shreds", and that was the last I saw him. (P5 - M)

Another type of unprofessional response reported by participants was responding physically towards the client.

But I mean on a physical plain, I felt really like if he did do something like that, I would attack him physically, even though that's not what I normally do. (P5 - M)

Participants also outlined that an unprofessional response to a client threat can also take the form of the use of inappropriate language.

I need to maintain my professional standards now and not slip into oh fuck you. Because you do have reactions to these people. Sometimes when they're threatening or intimidating you, you feel like going, "Back off, who do you think you are?" But I know that that's probably going to make it worse so I have to put my psychologist's hat back on. (P12 - F)

Career

The next area of negative professional consequences relates to the participant's professional career, more specifically to them either having to adjust their career or restrict their career opportunities.

Adjust Career

As a result of experiencing a client threat, participants indicated that they have found it necessary to adjust their careers in one of the following ways. The first was to

change where they worked or the area of psychology in which they worked. Doing so meant that participants were able to avoid clientele that they felt put them at risk of experiencing further client threats.

Ultimately I hold it in my head that this is just a job and I will leave if necessary and, you know, end point if it comes down to it then I'll move. (P13 - F)

I guess part of the consequence is my change in job which was to go to a more low risk job because, you know, when I was working in the Justice Department, you are so conscious about people, you know, not leaking personal information, information about your address, your phone number, just the ongoing protection of yourself and your kids and living like that. (P8 - F)

Another was to leave the profession of psychology altogether to ensure that they are not exposed to any situations in which they could encounter further client threats.

I think wanting to pack it all in and not work anymore. (P7 - F)

The final professional consequence that would force participants to adjust their careers is them being de-registered by the Psychology Board of Australia (PBA). This is a possible outcome when a client makes an official complaint about the professional conduct of a psychologist.

And I guess the other component to it is... the fact that you can get taken off the register of being a psych... Some of that weighs on me a lot because it's your job, it's your career. (P8 - F)

Restrict Opportunities

Participants also indicated that, as a result of experiencing a client threat, they either had professional restrictions placed on them, or felt a need to restrict their opportunities, to ensure that they avoid similar experiences in the future. One of the restrictions that participants experienced was complications in relation to renewing both their professional registration and insurance. Both of these processes were complicated if a complaint has been made against a psychologist.

Complaints can kind of scar their insurance and registration every year. (P23 - M)

Participants reported that they restricted their professional opportunities after experiencing a client threat by restricting their client base. They reported that doing so allowed them to avoid contact with clientele that they believed posed a higher risk of a client threat.

And that was obviously overwhelmingly distressing for her, to the point now she's in private practice and she's talked to clients and she goes, "If I get that worried feeling, I just tell them that I'm booked because I don't want to have anyone like that again", because that was really awful for her... She's okay, like she's not traumatised or anything but she's extremely cautious of who she works with, and probably going into private practice is also part of her having the opportunity to kind of stay away from these clients. (P6 - F)

Another way in which participants had their career opportunities restricted was through the potential loss of income that they experienced from having to terminate their services with their client(s) after experiencing a client threat.

With the other guy that was in my private practice, the only impact was that I couldn't do the job so I'd allocated X amount of hours over X amount of time to do an assessment, X amount of dollars come with that so it was loss of income really. (P21 - F)

Interaction

According to participants in the research, the final area of negative professional consequences related to their ability to interact professionally and productively with their clients. One way in which their interaction with clients was compromised was not being able to achieve the initial objective for their interaction.

A lot of the time, you don't get the job done or you don't achieve what you want to achieve but if you're not safe, then what have you got? (P8 - F)

I didn't keep my assessment hat on then, I just thought shit I have got to stay in this room, ok, so I just backed the hell off that topic and probably didn't explore it with him anywhere near enough as I needed to because it's a big issue in terms of his risk but I got scared, yeah he spooked me and I thought oh I'm not going near that one again. (P12 - F)

Another way in which participants interactions with their clients were compromised was through the loss of objectivity experienced by participants as a consequence of the client threat.

If I felt genuinely threatened, I think it would throw me off balance, if I don't expect it, and it would make it very difficult to be objective and obviously impossible to keep working with that client. (P25 - F)

Also, participants indicated that they experienced a loss of flexibility in their work practices as a result of wanting to avoid further experiences of client threat.

I think people become more, not always, but I think the tendency is to become almost a bit more rigid, like, alright, they did that so, I'm going to be clear about my boundaries and I'm not going to do this, I'm not going to do that, I'm going to be on the lookout for people who are pushing the boundaries and I'm going to manage them, you know, like from the start. (P6 - F)

Another negative interactional consequence reported by participants was a loss of control over the interaction between themselves and the client.

I lost control of what was happening, and they're there shouting at each other as if I wasn't there, and it didn't matter what I did, they were still hammer and tongs at each other, and weren't keeping to the rules. (P1 - F)

Participants also reported that their interaction with the client was compromised due to the need to terminate their services to the client as a consequence of experiencing a client threat.

Then I would say, 'Well, really, I can't help you anymore. You're not happy with my response, what I've done, I really think you

need to see someone else because I can't help you'. And then I'll refer them. (P29 - F)

Having the ability to end the relationship, because ultimately, I think, nobody can ever ask you to put your personal safety at risk, and even if, you know, while we're very drilled and by nature we tend to be very giving of ourselves and want to support others, I think it should be pretty clear cut that if a psychologist ever felt threatened, they should be able to end that relationship, even if it wasn't in the client's best interests. (P6 - F)

One final negative interactional consequence reported by participants was the rupturing of the therapeutic alliance that had previously been developed with the client. The therapeutic alliance refers to the professional relationship that is established between the psychologist and client and any ruptures in this relationship may hinder the progress that can be made.

I think it always has an impact on your therapeutic relationship when someone arks up to a point that you feel uncomfortable. (P11 - F)

I think it's certainly going to impact on any therapeutic relationships the psychologist is trying to develop with not only that client that's made the threat but also with other clients they might have. And anything that jeopardises that therapeutic relationship is going to certainly not be as helpful for the activity of that psychologist. (P16 - M)

Organisational Negative Consequences

Participants also outlined a negative consequence of client threats that relates to the organisation that the psychologist works within. These are consequences that impact the organisation as a whole and consequently all individuals that are employed within it. As shown in Figure 4.27, participants only identified one negative consequence for the organisation as a whole. This negative consequence was counter-productive changes being made within the organisation.

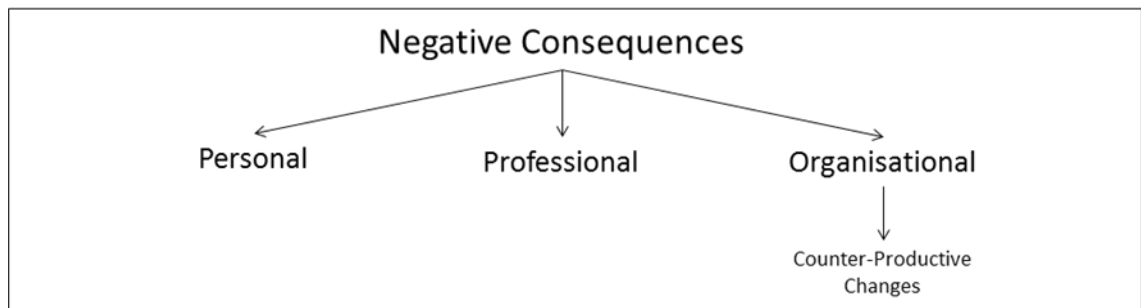


Figure 4.27. The negative organisational consequences reported by participants after experiencing a client threat.

In responding on an organisational level to an employee experiencing a client threat, it has been the experience of participants that organisations can make counter-productive procedural changes. Such changes are intended to guarantee the safety of their employees, but in some instances they may also hinder the ability of the psychologists to provide sufficient and effective services to their clients.

It's actually about trying not to overreact so trying for the system not to overreact so I am kind of more hang on a minute this is a bit of an overreaction here or try and kind of settle the system down a little bit so no I think the system would jump if I was feeling concerned. That would be their first priority. It would be to keep the clinician safe at any cost to the patient. (P9 - F)

As we've become safer, it probably made the job more clinical and it's all about boundaries and all that stuff now which is good, but if you've kind of been on the other side of it you know. (P2 - F)

CHAPTER 5:

STAGE ONE - DISCUSSION

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The purpose of this first stage was to explore psychologists' experiences and perceptions of client threats. Doing so involved the researcher conducting interviews, guided by grounded theory principles, with 45 Australian psychologists to gain a detailed understanding of their specific experiences and overall conceptualisations of the phenomenon. The participants in this research initially verbalised a narrow concept of what constituted a client threat. The majority of participants began the interviews by giving examples of violent incidences with clients, in which either physical, sexual or verbal threats or actions were directed towards themselves. There were also a minority of participants who began the interviews by indicating that they had not experienced a client threat and therefore provided no examples of such incidences. What these two groups have in common is that, as the interview progressed, their notion of what constituted a client threat broadened. They began recounting incidences in which psychological, reputational, and financial threats occurred, as well as incidences that were directed at their family or a colleague. Upon the completion of the interviews all participants had recounted an incident in which they felt their wellbeing had been threatened by a client, and a vast array of client threat experiences had been documented.

The data from the interviews were organised into five broad categories related to the client threat experience: triggers, conceptualisation, risk assessment, management, and consequences. The researcher was able to obtain a detailed outline of the dimensions of each of these categories with numerous sub-themes within each category. The *triggers* of client threats were experienced as being either physical or verbal client behaviours. The *conceptualisation* section provides an outline of the different types of client threats reported; personal (physical, sexual, verbal, and psychological), professional (financial and reputational), family (verbal and psychological), and collegial (physical, sexual, verbal, psychological, reputational). The

risk assessment category encompassed factors reported to be considered when determining the level of risk (perceived intent behind the behaviour, feeling versus being threatened, the continuum of client threats, and the continuum threshold), the characteristics of the risk (factors that aggravate or protect against client threats), and aspects of the psychologist's professional efficacy that will impact the situation (wisdom, expertise, awareness, information, and work practices). The *management* category outlines management resources that participants reported using, both during and after the client threat situation, and barriers that participants reported hindered the effective management of a client threat situation. Finally, the *consequences* category outlined both positive and negative consequences that participants reported experiencing after a client threat situation.

Preliminary Client Threat Theory

While individually the five components of the client threat experience, established in the research, provide a comprehensive understanding of an essential aspect of the client threat experience, collectively they intertwine to provide an outline of how client threats are experienced by psychologists. A preliminary Client Threat Theory was developed to illustrate the sequence through which these components are experienced by psychologists. This theory was informed by the experiences of all Stage One participants and proposes to outline the stages involved when psychologists experience client threats.

As illustrated in Figure 5.1, the preliminary Client Threat Theory proposes three distinct phases in psychologists' experiences of potential client threats. The first of these is the *activation phase* which involves the triggering of the client threat experience. The second is the *cognitive phase* in which psychologists combine this triggering observation with their knowledge, experience, and attributions to form a perception regarding the type of potential client threat being experienced. This leads the psychologists to perform a multifaceted risk assessment of the circumstances. The third and final stage is the *execution phase* which considers the management and consequences of the client threat situation.

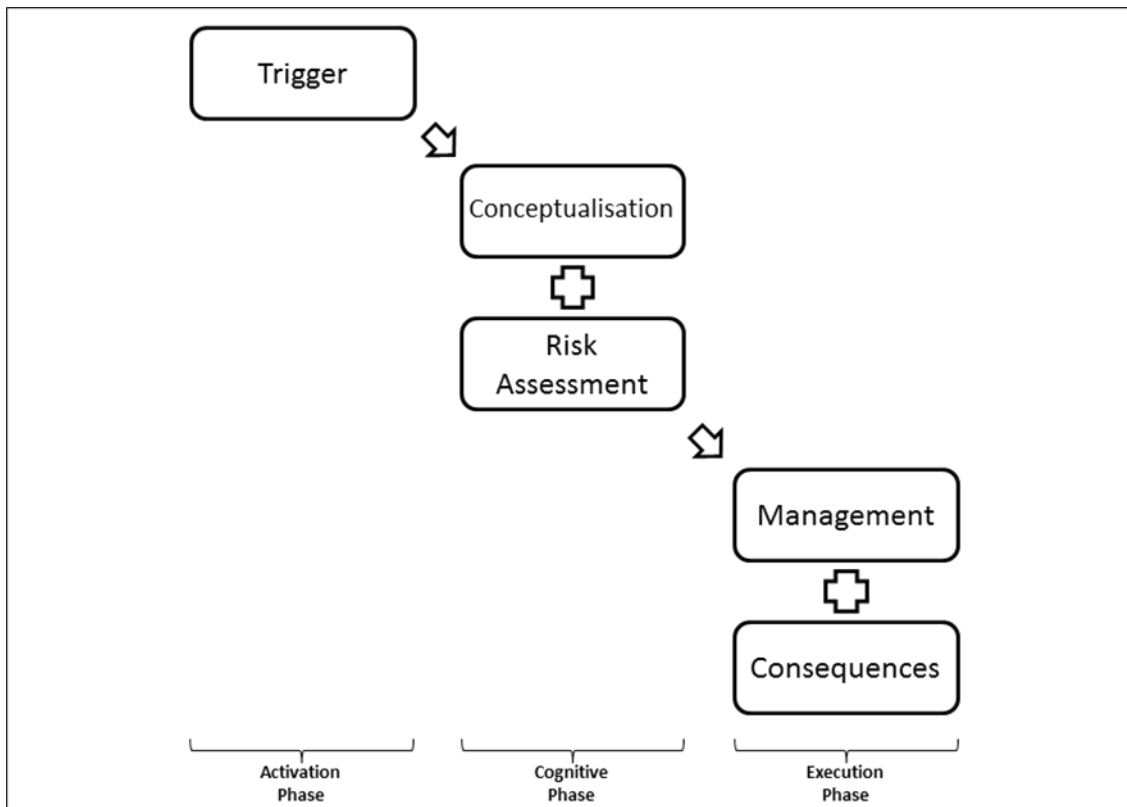


Figure 5.1. The three phase preliminary Client Threat Theory that outlines participants' experiences of client threats.

The preliminary Client Threat Theory proposes that psychologists' experiences of client threats are activated when they observe a client based trigger. Within this *activation phase*, the trigger can be either physical (e.g. the client slamming a door, throwing an object, or producing a weapon) or verbal (e.g. the client shouting, swearing, or making verbal threats) in nature. Notably, participants reported experiences in which non-abusive client behaviours also triggered a client threat experience for them. In these instances, perceiving more subtle client behaviours such as the client recounting distressing stories and the client displaying agitated body language were reported by participants as triggers.

Reports of these more subtle triggers highlight the subjective nature of the client threat experience. Psychologists' individual perceptions of, and responses to, an interaction with a client are critical in their conceptualisation of a potential client threat situation. Participants themselves recognised this element of subjectivity, differentiating between *being* objectively threatened and *feeling* subjectively threatened. This distinction suggests that psychologists' perceptions of situations will have a greater influence over how they conceptualise and subsequently act in a situation than any possible objective measure. In other words, it does not matter if a

situation is considered by others to be a client threat, what in fact matters, is whether the psychologists themselves felt threatened in the situation. Consequently, this proposed theory recognises that not all of these triggers will activate a client threat experience every time, and triggers may vary across psychologists and even within psychologists across circumstances.

As demonstrated in Figure 5.2, it is further proposed that these triggering client behaviours go beyond those just directed towards psychologists personally, to also include behaviours directed at the participants' family or colleagues, and even inanimate objects. Participants reported feeling threatened in situations where clients, not interacting with them directly, undertook a triggering behaviour towards a third party or object. This theory therefore submits that a triggering event, for a client threat experience, can be any client behaviour, not necessarily targeted at psychologists themselves, but that the psychologists subjectively believe may lead to them feeling threatened.

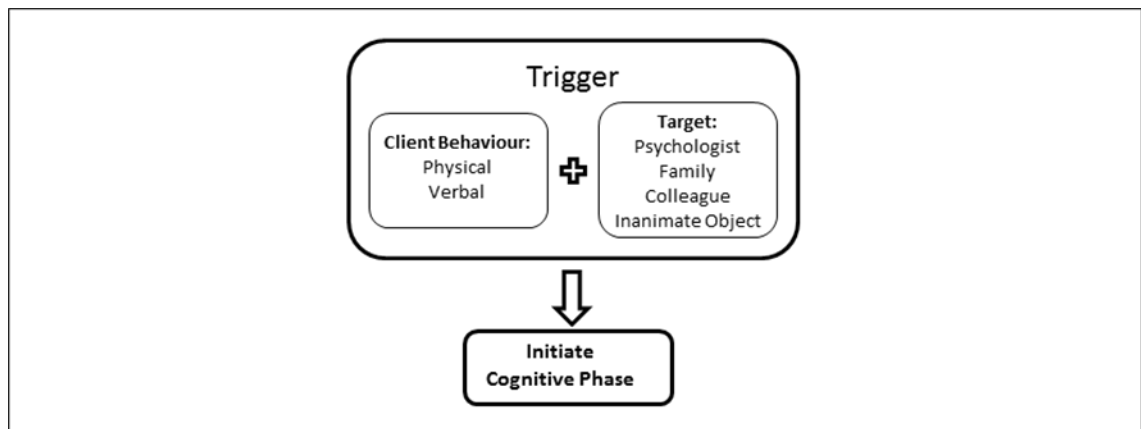


Figure 5.2. The activation phase of the preliminary Client Threat Theory.

Once a triggering event is experienced by psychologists, the theory proposes that they engage in a *cognitive phase* that involves two processes. As outlined in Figure 5.3, psychologists first engage in a degree of cognitive processing, around the observed triggering client behaviour, to develop a conceptualisation of the behaviour. This process involves classifying the type of client threat that is being experienced (both in terms of the target of the client threat and also the type of client threat; physical, sexual, verbal, psychological, reputational, or financial) and the implications of the threat.

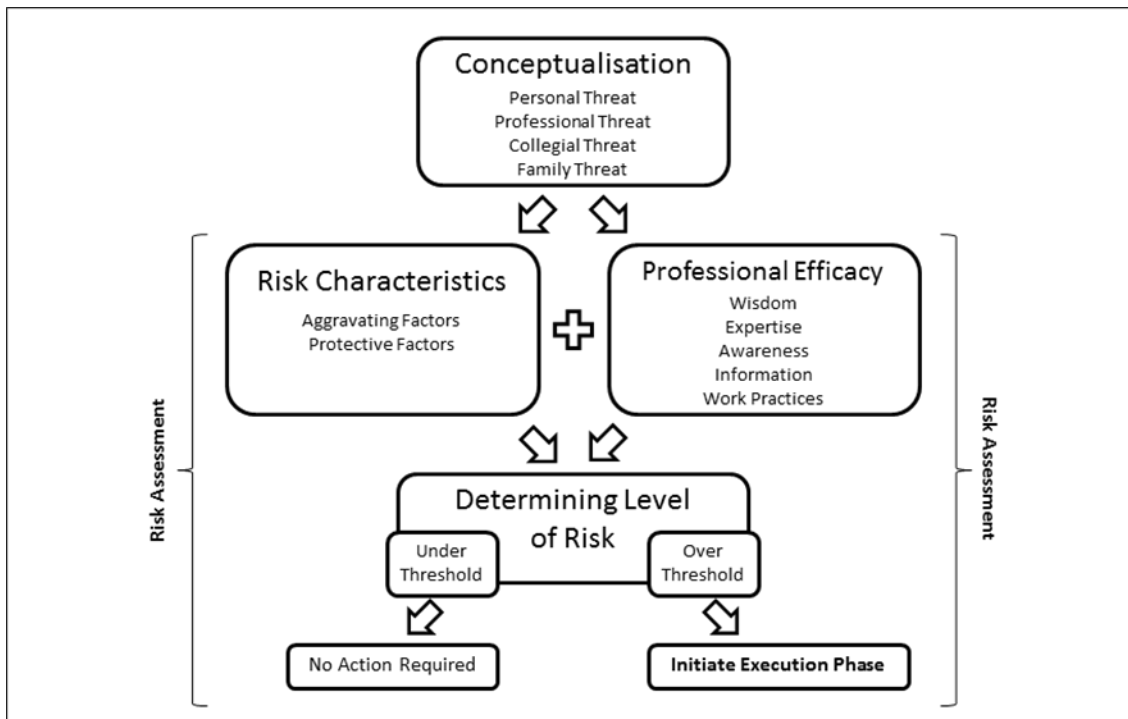


Figure 5.3. The cognitive phase of the preliminary Client Threat Theory.

Psychologists then appear to engage in a multi-faceted risk assessment process, beginning with an evaluation of the risk characteristics present in the situation. On the basis of the data collected, it is suggested that this risk characteristics evaluation involves psychologists evaluating the protective measures that they have in place, along with the presence of any characteristics that they perceive reduce the level of risk that the initial triggering behaviour posed. Simultaneously, any organisational, personal, client or situational factors, which may lead to the situation escalating further, are also considered. The theory then proposes that this assessment of the risk characteristics is combined with psychologists' perceptions of their ability to deal efficiently and effectively with the client threat situation. On the basis of participants' reports, efficacy appears to be dependent on their level of professional wisdom, professional expertise, awareness, available information, and the quality of their professional work practices.

At the conclusion of this risk assessment process, psychologists undertake an analysis of the situation (either consciously or subconsciously) to determine whether a significant threat is present and requires action. Participants reported that during this analysis, they conceptualise client threats as being somewhere on a continuum of threat. It is proposed that, using this continuum, psychologists gauge the level of risk that they perceive is present. As demonstrated in Figure 5.4, once the psychologists

have gauged their current perceived level of risk, they then compare this with their *personal client threat threshold*. The data suggests that this threshold is the level at which the psychologist feels that her wellbeing is being threatened and that action is necessary. If the determined level of risk exceeds the psychologist's threshold of tolerable risk, a client threat is deemed to exist and, it appears, the *execution phase* of the Client Threat Theory is initiated. If the level of risk is under the psychologist's threshold then, it appears, that a client threat is not perceived to exist and therefore no further action is required.

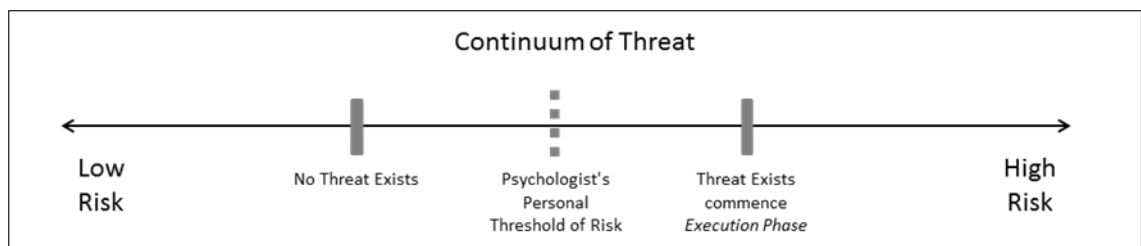


Figure 5.4. The continuum of perceived risk during a client threat experience.

It is not until after this *cognitive phase* has taken place that psychologists make a determination of whether the initial triggering client behaviour is actually a perceived threat to them. Therefore, it is proposed that the first two stages of the Client Threat Theory will occur when any client triggers are experienced by psychologists, regardless of whether these triggers are later determined to be client threats.

It is postulated that, when psychologists determine that they are experiencing a client threat, they engage in, what the theory refers to as, the *execution phase*. In this phase, psychologists draw on the management resources available to them. These resources can be used to control psychologists' personal responses, control psychologists' professional responses to the client, or undertake necessary procedural responses. As illustrated in Figure 5.5, the availability and efficacy of these resources psychologists draw upon, during the perceived threat, are mediated by any barriers to management that are present for the psychologists. The implementation of the psychologists' available management resources appear to result in a variety of positive and/or negative consequences being experienced by psychologists. These consequences are the outcomes of experiencing the client threat and can relate to psychologists personally or professionally, or to the organisations that they work within. When negative consequences are experienced by psychologists, it appears that

a number of management resources are then employed that relate to either controlling the personal or professional consequences of the threat, or procedural processes that are employed to manage the consequences.

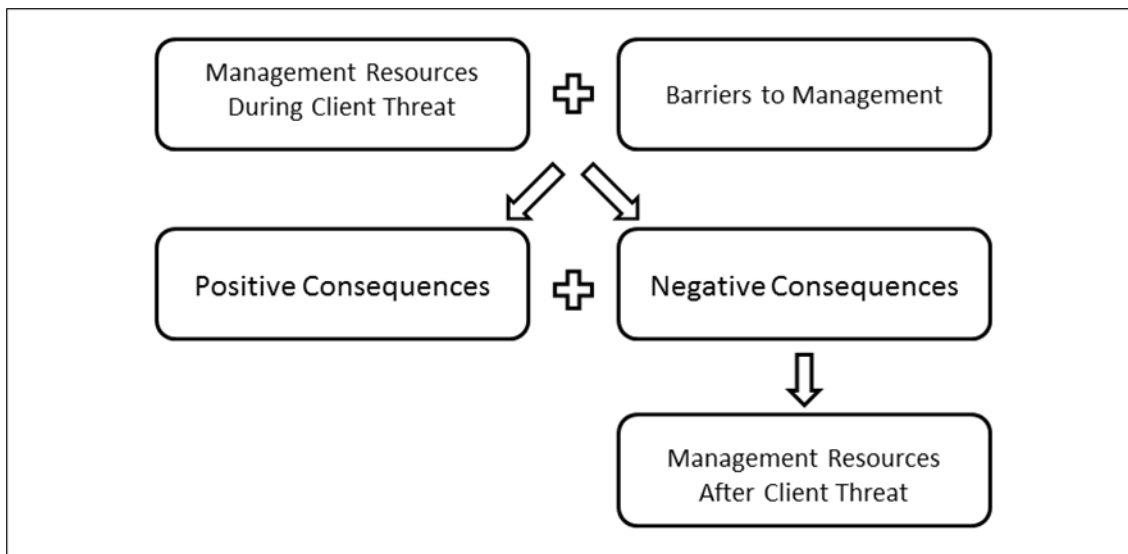


Figure 5.5. The execution phase of the preliminary Client Threat Theory.

Some threatening situations are experienced soon after the trigger (e.g. physical assault) and in these instances the three phases of the theory are worked through in quick succession. There are, however, more drawn out experiences of client threat (e.g. stalking) which result in the progression through the phases of this theory being slowed and occurring over an extended period of time.

Defining the Client Threat Experience

When psychologists were allowed to report any incidences in which they felt their wellbeing was threatened by a client, the range of reported incidences was wider than any found in the previous literature. Researchers have typically tended to focus their studies on physical, sexual, and verbal experiences that have been targeted at the professional personally (see Bernstein, 1981; C. K. Brown, 1995; deMayo, 1997a; Gates et al., 2006; Guy et al., 1990; Mandiracioglu & Cam, 2006; Schantz & Meacham, 2003; G. Shields & Kiser, 2003; Winstanley & Whittington, 2004). However, in this research, participants' recounts of their experiences went beyond these confines, with a wide range of experiences that varied in terms of source, target, and severity being reported.

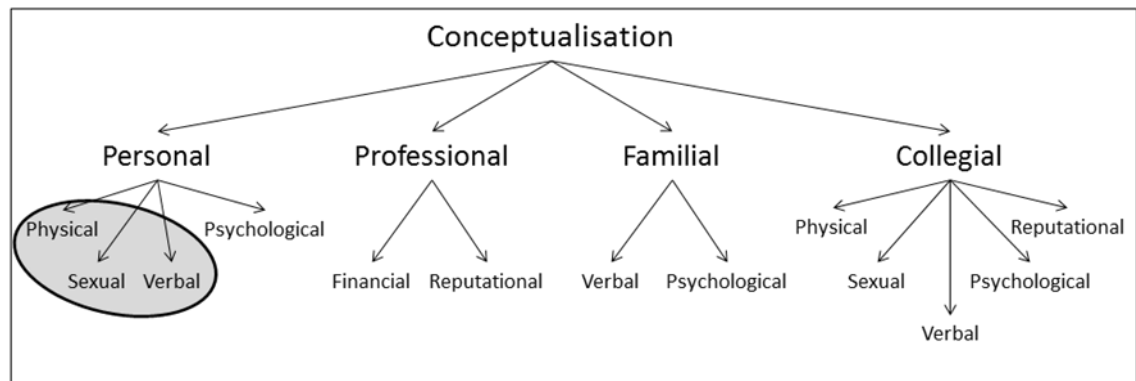


Figure 5.6. The portion of client threat experience focussed on by researchers in previous studies.

Figure 5.6, provides an illustrative comparison of the scope (circled section of the figure) of many of the previous studies to the range of client threats reported in this research. The experiences reported by participants in this project are much broader than any of the definitions of client violence, or similar concepts, reported in previous literature (see Brendzal, 2001; C. K. Brown, 1995; Criss, 2010; Macdonald & Sirotich, 2001; Seeck, 1998). This is largely because these definitions do not account for the non-violent client behaviours that participants have perceived to be a threat to their wellbeing.

Though it is beyond the scope of this thesis, the findings from Stage One also provide the beginnings of a taxonomy through which different types of client threats can be classified. This finding is being discussed further because it has significant implications for future research. Considering the issues surrounding the conceptualisation and definition of phenomena in this area of research, as discussed in the literature review of this thesis, a taxonomy could provide a system of categorising client threat experiences and allow specific experiences to be explored homogeneously in future research. The themes that sit under the conceptualisation component, reported in the results section of this project, provide an outline of the types of client threats experienced by participants. These themes (see Figure 5.6) have been used to develop a taxonomy of client threats.

In the taxonomy, client threat experiences are primarily grouped according to the target of the client behaviour because, as reported earlier, participants' experiences of client threat were not just limited to situations in which they themselves were the intended target. Participants reported a number of situations in which the client behaviour was targeted at others, but the participant still felt a threat

to their own wellbeing (usually psychological and in the form of fear, apprehension, guilt, etc.). This is consistent with research by Mayhew and McCarty (2005) who reported that negative consequences can be experienced by individuals if they witness client violence occurring against another staff member. When participants themselves were the target of the threatening client behaviour, a distinction was made as to whether the potential harm was likely to be experienced professionally or personally. If the target of the behaviour is ambiguous, for example a fist is punched into a table and therefore is not targeted at a person, the threat is categorised in regards to the person's wellbeing that is most at risk.

In the taxonomy, client threats were next grouped according to the type of threat being experienced. The types of threats reported by participants were physical, sexual, verbal, psychological, financial, or reputational. While future research may identify additional categories with this taxonomy, it provides the basis from which such research can occur and a comprehensive definition of client threat can be developed.

Limitations of the Stage One Research

The first stage of this research into client threats provided a detailed description of psychologists' client threat perceptions and experiences. The development of a preliminary theory, through the consideration of these data, allows the client threat experience to be clearly delineated and understood. The current research illustrates a more complex conceptualisation of the client threat process than previous research has suggested (see Bernstein, 1981; C. K. Brown, 1995; Fong, 1995; Guy et al., 1990; Seeck, 1998), and consequently provides the basis from which a more complete and thorough understanding of the client threat experience can be developed. Despite these contributions to the field, the preliminary Client Threat Theory lacks a comprehensive delineation of how the different components of the client threat experience fit together and the relationships between them (see Strauss & Corbin, 1998). By compiling additional qualitative data, to complement those already gained from this first stage of the research, the researcher can then conduct a more vigorous exploration of psychologists' experiences of client threats and consequently gain a more complete understanding of the phenomenon (see Erzberger & Kelle, 2003; Flick, 1992). The focus of the next stage of data collection needs to be on the

relationships and interactions between the established components of the Client Threat Theory.

CHAPTER 6:

STAGE TWO - RESEARCH METHODOLOGY

The first stage of this research established five components to a psychologist's client threat experience that were logically ordered to form a preliminary Client Threat Theory. While the basic components of the theory were present, the theory lacked an understanding of the relationships and interactions between these components. Consequently, the second stage of the research was designed to gain a fuller picture of the client threat experience by exploring how the components of the theory were connected and how psychologists might progress through a client threat experience.

The traditional method of validating the established components of a theory, and further developing it, is to use triangulation. Triangulation is described by Turner and Turner (2009) as "the means by which an alternative perspective is used to validate, challenge or extend existing findings". The triangulation process is typically employed to ensure that a comprehensive understanding of a phenomenon has been gained and to maximise confidence in the reported findings and subsequent implications (see Bryman, 2003; Rothbauer, 2008). However, authors such as Erzberger and Kell (2003) criticise the process of triangulation, as outlined by Denzin (1970), arguing that the term is used out of its original context and, therefore, is not consistently interpreted. There is also contention regarding its use in validating previously established findings (see the argument outlined by Erzberger & Kelle, 2003).

Instead, Erzberger and Kelle (2003) suggest alternative terminology to describe concepts similar to those of Denzin (1970). They propose the notion of *complementarity* between two sets of data. In the pursuit of complementary results, a phenomenon is investigated (at least partially) using one methodology, and the established data was added to, by the exploration of the same phenomenon using different methods. The exploration of one phenomenon using multiple methodologies leads to a more vigorous investigation and consequently a more complete understanding of all aspects of the phenomenon (Erzberger & Kelle, 2003; Flick, 1992).

The complementarity model can be used to explore a phenomenon for which a single research method does not result in adequate data being collected to gain a comprehensive understanding of its constitution (Erzberger & Kelle, 2003). In the current research, the first stage provided data related to the components involved in a client threat experience and a second method is required to gain an understanding of how these components interact. The process of searching for complementary results involves the integration of data from different methodologies that examine a common phenomenon. This integration can not only be used to add to the data pool, but also for the purpose of mutual validation. Mutual validation occurs when a second data set confirms the findings of the original data instead of adding to it (Erzberger & Kelle, 2003). The use of a second qualitative methodology was decided upon, by the researcher, due to the size and complex nature of each component of the theory. The researcher wanted to continue developing and validating the theory as a whole; however, size of each of the components of the theory would have allowed only a section of the theory to be quantitatively explored within the scope of the current research. Other researchers (see Anshel, 2001) have employed multiple qualitative methodologies for the purposes of integrating data. The qualitative methodology employed to gain this second data set was the Delphi technique.

According to Dalkey (1969), the Delphi technique was originally developed in 1953 by the Rand Corporation, based in California in the US, as a method of improved decision making in urgent matters relating to defence. The technique is described as a "method of eliciting and refining group judgement" (Dalkey, 1969, p. v), and is commonly used as a method of collecting expert opinion and reaching consensus in regards to dealing with complex problems (see Cam, McKnight, & Doctor, 2002; De Villiers, De Villiers, & Kent, 2005). The technique is based on the premise that, collectively considering the opinions of a group of experts who are given an opportunity to collaborate in a controlled way, provides a more enhanced outcome than relying on a series of individual judgements, and leads to a reduction in individual bias (see Cam et al., 2002; De Villiers et al., 2005).

The Delphi technique (as described by De Villiers et al., 2005; Moore, 1987; Paliwoda, 1983) gathers the opinions of identified experts individually, so that a physical assembling of the group is not required. This individualised contact of each

panel member with the researcher, not only ensures the panel members remain anonymous to each other, but also minimises counterproductive interactions and eliminates power differentials. The researcher then synthesises and summarises the opinions expressed via these individual communications and feeds it back to all panel members with an invitation for further comment (see Okoli & Pawlowski, 2004). Paliwonda (1983) suggests that through the repeated implementation of this process, the range between panel members' responses will be reduced. This reduction results in members converging towards some middle point which represents the *correct* answer or, in this case, an accurate and comprehensive theory.

The recommended size of an expert panel, when implementing the Delphi method, varies within the literature. Some researchers (such as De Villiers et al., 2005; Moore, 1987) suggest that a range of 15-30 members is optimal, while others (such as Okoli & Pawlowski, 2004; Paliwoda, 1983) provide a more modest range of 10-18 members.

While theory development is not the primary use of the Delphi technique, it has been identified by Okoli and Pawlowski (2004) as a useful process to employ in theory development research. They suggest that the process contributes to the external reliability of the resulting theory, due to information being acquired from a range of experts with an even wider range of experience, thus strengthening the grounding of the theory and increasing its generalisability across circumstances. The Delphi process adds further rigor to the emerging theory through its contribution to construct validity. By employing a process that validates the panel member's initial responses, Okoli and Pawlowski (2004) advise that the researcher will ensure that the meanings of the member's responses is interpreted correctly.

Since the initial development of the Delphi technique, researchers have developed modified versions of the technique to suit the purpose of their research (see Hasson & Keeney, 2011 for an outline of types of Delphi designs). This development has led to an adaption, referred to by Hasson and Keeney (2011) as e-Delphi, in which the classic Delphi process is carried out through the use of email or an online web survey. This version was adopted by the researcher as it followed the traditional process of eliciting opinion and gaining consensus from the panel members,

while speeding up the process of disseminating and receiving responses through the use of modern technology.

Design

The completion of the second stage provided data that complimented the first stage data by employing a qualitative method known as the Delphi technique. As suggested by authors such as Loo (2002) and De Villiers et al. (2005), a panel of experts was convened and their collective opinion sought. Doing so meant that the opinions of a number of individuals, who had differing areas of expertise related to the experience of client threats, could be used to validate or amend the preliminary theory. The research question guiding this Delphi process was: *Does the preliminary theory of client threats accurately and completely represent psychologists' experiences of client threats? If not, what changes need to be made so that it does?*

Participants

The recruitment of participants for the second stage of the research occurred between February 2012 and April 2012. During this recruitment period, psychologists with expertise in areas relevant to the development of a Client Threat Theory were recruited using the process outlined below.

Panel Member Selection

In the selection of participants for the panel of experts, the researcher followed the methodology outlined in Okoli and Pawlowski (2004). The first step required the researcher to develop categories of expertise required on the panel and ensure all these were covered in the final panel. To do this the researcher reviewed the literature and then, in consultation with her supervisors, decided panel members had to have expertise in one or more of seven specialist fields. These were threats and violence; types of abuse; risk assessment; management and policy development; psychologist self-care; ethical considerations; and trauma and its treatment. The second step in Okoli and Pawlowski's (2004) process required the researcher to identify potential experts for the panel that covered each of the seven categories identified. All panel

members were registered psychologists and were selected because they either had acknowledged expertise in one of the seven determined areas, had published research in one of the areas, or were considered by colleagues to have expertise in one of the areas. Making contact with these initially identified experts allowed the researcher to expand the potential expert pool by asking them to nominate other experts in their field for consideration. The researcher's colleagues were also consulted in the search for potential experts. According to Okoli and Pawlowski (2004), the next stage of participant selection required the researcher to rank the identified experts in each category based on their qualifications. This ranking was then used in the final stage of recruitment to invite experts, in order of their ranking and from each category, until the panel size was reached. The researcher recruited 16 experts for the panel to ensure that the highest minimum standard in the literature was achieved, allowing for attrition. During the first round of consultation with the panel members, one person withdrew due to a family member's sudden ill health.

Panel of Expert Demographics

As outlined in Table 6.1, the panel members were selected for their expertise in seven areas related to the experiencing of a client threat. The first was expertise in the area of *violence and threat research*, which made them aware of the issues raised in this literature and how violence or threats may be experienced. The second was expertise in the area of *abuse*, which made them aware of the issues raised in this literature and how abuse may be experienced. The third was expertise in performing *risk assessments*, which made them aware of the complexities and components of the risk assessment process. The fourth was expertise in the area of *management and policy development*, which made them aware of the client threat experiences of employees and the practices and issues pertaining to policy development in the area. The fifth was expertise in the area of *psychologists' self-care*, which made them aware of the issues raised in the self-care literature and the consequences and management of psychological threats. The sixth was expertise in the area of *trauma and trauma management*, which made them aware of the trauma literature and the impact that a client threat experience can have on psychologists. The final area of expertise was

ethical issues, which made them aware of the ethical considerations associated with the client threat process.

Table 6.1

Areas of Expertise of Panel Members

Expertise Themes	Number of Psychologists Contacted	Number of Psychologists on the Panel
Violence and Threat	17	2
Abuse	16	2
Risk Assessment	6	3
Management	10	4
Self-care	15	0 ^a
Trauma	11	1
Ethics	12	3
	87	15

^a Psychologist withdrew participation (not counted)

All experts who accepted the invitation to be a member of the panel took part in the research. The international panel consisted of two Americans, one Canadian, and 12 Australians. Of the Australians, five were from outside of Western Australia and seven were from Western Australia. The panel was also of mixed gender, with the participation of two male psychologists.

Materials

Prospective experts were invited onto the panel via an email of invitation (see Appendix J). This email provided a short introduction to the research and invited them to consider the attached information letter (see Appendix K) which provided a more detailed outline of the proposed research. A consent form (see Appendix L) was also attached to the email of invitation for those accepting the invitation to complete.

The first round of the Delphi process involved the researcher disseminating a preliminary Client Threat Theory document (see Appendix M) which provided a brief outline of the theory developed from the first stage of the research. Accompanying this was an excel document with tables documenting the categories, themes, and subthemes that emerged from the analysis of the Stage One data. Panel members also received the initial Delphi questionnaire (see Appendix N). This initial questionnaire contained four open ended questions designed to elicit the panel members' opinions regarding different aspects of the theory.

In the second round of the Delphi process, the researcher distributed a document containing a summary of the feedback collected in the first round, and the subsequent changes made to the preliminary Client Threat Theory (see Appendix O). This was accompanied by a second Delphi questionnaire (see Appendix P) which contained 10 open ended questions to gain feedback regarding these changes to the theory.

The third and final round of the Delphi process involved the researcher providing panel members with a copy of the modified Client Threat Theory (see Appendix Q), outlining the final version of the theory that incorporated the second round of feedback. Panel members were also provided with an agreement rating questionnaire (see Appendix R), asking them to rate their level of agreement for each component of the theory, as well as the theory as a whole. The questionnaire contained four seven-point likert scale questions, and each accompanied with the option to provide an explanation for their rating. The researcher did not have a predetermined mean rating that had to be reached to indicate that the panel had reached a consensus. Instead, the rating was used to measure consensus at the end of the Delphi process.

Procedure

In order to gain the opinions of panel members, the Delphi technique of data collection was employed. The researcher followed the guidance of authors such as De Vos and colleagues (2006) and Hasson and Keeney (2011), who outlined a Delphi process by which the first round of data collection involved the use of open-ended questions to elicit a broad understanding of relevant issues and opinions. The responses to each round of surveying was compiled and summarised by the researcher and then relayed back to all contributing experts. Subsequent surveys invited clarification and refinement of the responses to previous surveys. The adapted three phase theory, outlined by Okoli and Pawlowski (2004), also highlights the importance of beginning the Delphi process with a brainstorming phase in which panel members are asked, through the use of open ended questions, to provide all relevant knowledge and experience in the area being discussed. This initial survey was followed by the researcher's collation of the data and a summary sent out to all panel members for

validation or comment. The final round required the experts to rate their level of consensus with each part of the evolved theory of client threats. Panel members were provided with a two week time frame to respond at each round of the Delphi process. This time frame began upon release of the corresponding questionnaire for that round.

Round 1 of Data Collection

The first round of the Delphi process began on the 7th May 2012 and involved the distribution of the preliminary Client Threat Theory document along with the initial Delphi questionnaire. Panel members were given two weeks from the distribution date to review the preliminary Client Threat Theory document, seek any clarification from the researcher that they felt necessary, and complete the corresponding questionnaire. Twelve participants responded to this first round in the Delphi process.

Round 2 of Data Collection

The responses collected from panel members as part of the first round of the Delphi process were collated by the researcher. A summary of these responses, along with a corresponding second questionnaire, to elicit further feedback from the panel members, was disseminated to begin the second round of the Delphi process. This round began on the 13th July 2012 and a total of 8 panel members responded.

Round 3 of Data Collection

Throughout this Delphi process, as suggested by Loo (2002), the panel members were invited to comment repeatedly on the issues that arose in the discussion of various aspects of the Client Threat Theory to ensure a funnelling effect resulted in the refinement of the theory. Loo (2002) states that the researcher should end the Delphi rounds when either the criteria for consensus are achieved, results become repetitive, or an impasse is reached. At the completion of the second round of the Delphi process the researcher determined that the responses were becoming repetitive, and consequently compiled a document outlining the final theory. This modified Client Threat Theory was distributed to all panel members on the 28th of August 2012, along with an agreement rating questionnaire. This questionnaire was

designed to elicit panel members' level of agreement with the theory and a total of 10 panel members responded.

Methodological Rigour

Throughout the Delphi process, the number of panel members that responded to the questionnaire distributed differed from round to round. Given the personal and professional circumstances for some panel members and the time constraints, which resulted in a strict response time frame, not all panel members participated in every round of the process. In response to this issue, the researcher followed the advice of De Vos and colleagues (2006) who recommend that, if a panel member fails to respond to a questionnaire released for a Delphi round, the panel member should still be sent the summary of that round and invited to participate in subsequent rounds. They suggest that this practice preserves the fundamental integrity of the Delphi process by allowing all panel members the opportunity to comment on all previous contributions to the developing theory, even if they did not contribute in a particular round.

Hasson and Keeney (2011) state that any attempt by researchers to establish the rigour of their Delphi research can be easily criticised, due to the lack of empirical research exploring rigour and the growing modifications of the technique by researchers. Being mindful of this, the following strategies for establishing rigour were employed by the researcher: provided ongoing feedback to the panel members and sought clarification (see Engles & Kennedy, 2007; Hasson & Keeney, 2011); ensured that the panel had members with a range of expertise in different aspects of the client threat process (see Cornick, 2006; Hasson & Keeney, 2011); verified the Delphi findings through comparison with the relevant published research and also through the completion of additional research (i.e. the first study of this research) to validate and refine the findings (see Kennedy, 2004; C. Powell, 2003); and finally, maintained a detailed record of all significant theoretical and methodological decisions (see Fink, Kosecoff, Chassin, & Brook, 1991; C. Powell, 2003; Sadleowski, 1986; Skulmoski, Hartman, & Krahn, 2007).

It has also been suggested by Hasson and Keeney (2011) that researchers who use the Delphi technique need to have:

An acceptance that Delphi results do not offer indisputable fact and that instead they offer a snapshot of expert opinion, for that group, at a particular time, which can be used to inform thinking, practice or theory. As such Delphi findings should be compared with other relevant evidence in the field and verified with further research to enable findings to be tested against observed data to enhance confidence. (p. 1701)

This limitation of the data, collected through the use of the Delphi technique was understood by the researcher. Consequently, the Delphi data was considered in conjunction with the data collected from Stage One of the research to facilitate the refinement of the Client Threat Theory. The researcher was also aware of the need for further verification of this theory through the future implementation of quantitative methods.

One of the biggest challenges faced by the researcher, during the second stage of the research, was to ensure that her thoughts about what should be included in the theory (what she perceived was still missing at the end of the first stage of the research) did not influence the process of the panel of experts refining the theory. The researcher combated this bias in two ways, the first was to explore, in depth, the aspects of the theory that she thought needed to be changed and added so that she was aware of her biases. The second was ensuring that participant feedback was gained when any changes to the theory were made. The Delphi process allowed for this feedback to occur and the researcher was able to ensure that the changes made accurately reflected the panel members' feedback.

CHAPTER 7:

STAGE TWO - FINDINGS AND INTERPRETATIONS

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During the process of gaining feedback from the panel, a wealth of data was received that was instrumental in shaping the modified Client Threat Theory. Such information included changes that they perceived should be made to the preliminary Client Threat Theory, issues that they had with the theory, and finally their level of agreement with the modified Client Threat Theory that was adapted throughout the feedback process.

Feedback from Round One

After the first round of panel feedback a number of changes and additions were made to each of the three phases of the theory and these have been outlined below. To conceptualise these changes a number of diagrams were developed to provide a visual comparison of the theory's model before (see Appendix S) and after (see Appendix T) the first round of panel feedback.

Changes to the Activation Phase

A number of modifications were made to the activation phase of the theory (see Table 7.1). In the preliminary theory, the trigger component was the only component in the activation phase. Panel feedback has led to the inclusion of additional components that have been placed both prior to and after the trigger. Panel members agreed that there is a distinct point in the activation phase where a threat experience is triggered. Therefore, the trigger component was kept and repositioned after the observation and unconscious conceptualisation components of the phase. With the addition of these components, it makes logical sense that there may be instances when potentially triggering client behaviour are observed, but as a result of the unconscious conceptualisation of these behaviours, the client threat process is not triggered.

Table 7.1

Changes Made to the Activation Phase of the Client Threat Theory in Round One

Component	Panel Feedback	Change Made
Observation	The wording regarding the triggering of a client threat should be changed to highlight the fact that it is a perception.	Observation becoming a trigger required a level of cognitive processing and therefore the observation of a client behaviour was a separate component in the client threat theory to the triggering of a client threat experience. Subsequently, the theory now begins with simply the observation of a physical or verbal client behaviour.
Unconscious Conceptualisation	There may be instances where a psychologist may observe a potentially threatening client behaviour but then ignore or deny it, so that it is not even internally acknowledged by the psychologist as a client threat. There needs to be an earlier pathway in the theory where a client threat is internally acknowledged before the rest of the process can continue.	After the observation of a client behaviour, some level of cognitive processing occurred to determine whether a client threat was being experienced. This internal acknowledgement has now been included in the theory with the addition of the unconscious conceptualisation component.
Innate Response	The role of the psychologist's innate response (particularly their emotional reaction) to experiencing a client threat was not sufficiently covered by the theory.	The additional innate response component now accounts for the impact that the psychologist's physiological and psychological reactions, to the triggering of a client threat experience, has on the psychologist's perceptions and reactions in subsequent stages of the threat process.
Accumulated Knowledge	There is a cumulative effect of experiencing similar client threats over time. These similar experiences will inform the psychologist of the likely progression and outcome of the latest client threat experience.	An accumulated knowledge component was added to the theory of the client threat process and accounts for the influence that other experiences, stories, general knowledge, etc. have on the client threat process. A psychologist's accumulated knowledge will influence how the client threat is unconsciously conceptualised and what will trigger a client threat.

So, to ensure the logical progression of the process, in light of the previous changes made to the theory, the trigger component has been split to allow the client threat process to either be triggered or not triggered at this phase.

Changes to the Cognitive Phase

A number of changes to the risk assessment phase involved the renaming of either phases or components of the theory (see Table 7.2). These changes were made in response to what panel members suggested during the Delphi process.

Table 7.2

Renaming of Components and the Phase as a Result of the First Stage of Panel Feedback

Original Name	Amended Name	Reason for Amendment
Cognitive Phase	Risk Assessment Phase	Naming the second phase as cognitive implies that cognitive processes are unique to that stage, which is not the case. Using the term Risk Assessment highlights that this is the phase of the theory in which an assessment is made about the level of risk that the client threat poses.
Conceptualisation Component	Conscious Conceptualisation Component	This change was necessary to distinguish the component from the new unconscious conceptualisation component that has been added to the activation phase of the theory.
Risk Assessment Component	Situational Appraisal Component	This name change was firstly necessary due to the renaming of the second phase. It would be confusing to have a component and phase of the theory with identical labels. The new label needed to incorporate the assessment of influencing factors and psychologists' current professional efficacy. The label of situational appraisal does this.
Risk Characteristics Sub-component	Influencing Factors Sub-component	This modification was made so that the label became more self explanatory and provided a clearer outline of what this sub-component entails.

The other changes made in response to panel member feedback are outlined in Table 7.3. Panel members suggested that the innate response component and accumulated knowledge component of the theory, outlined in the changes made to the activation phase above, are also relevant to the risk assessment phase of the theory. Consequently these two components were also added to the risk assessment phase. It was suggested by a panel member that the innate response of psychologists, including their psychological and physiological reaction to the triggering of a client threat experience, may influence psychologists' conscious conceptualisation of the client threat and situational appraisal of the current circumstances in the risk assessment phase. Similarly, accumulated knowledge may also influence how the

client threat is consciously conceptualised and how the client threat situation is appraised.

Table 7.3

Changes Made to the Risk Assessment Phase of the Client Threat Theory in Round One

Component	Panel Feedback	Change Made
Consequences	Even if a psychologist decides not to take action regarding a client threat, there may still be consequences for the psychologist from experiencing the threat.	These consequences would be the same as those outlined in the execution phase of the theory, therefore the boxes for that phase were replicated in the risk assessment phase.
Re-Initiate Risk Assessment Phase	As a client threat situation progresses, circumstances change and therefore the situation will have to be re-assessed to factor in these changes. A psychologist may cycle through this client threat process several times for any one threat. This is because the conclusions reached in any of the phases, particularly the risk assessment and execution phases, may not be accurate or effectively resolve the situation.	To address this the theory now allows for the risk assessment phase to start over at any point during the process as changes in the situation occur.

Another panel member suggested that a client threat is not perceived to exist and no further action is required if the level of risk is under psychologists' thresholds. An example was given where a psychologist ignored ~~did not take action against~~ a threat and was subsequently murdered by a client. It was agreed that the level of risk not meeting psychologists' thresholds does not mean that a real threat does not exist. The wording around the threshold has been changed to be clear that, if the risk is under psychologists' thresholds, this means that the psychologists chose not to take action and does not mean that a threat, objectively, does or does not exist. Additionally, the theory has been altered to account for there being consequences to a client threat even when no action is taken by psychologists.

Changes to the Execution Phase

Modifications made to the execution phase of the client threat theory included the addition of a component where, if situational variables change, the risk assessment phase of the process is re-activated and these changes are factored into the risk

assessment and subsequent decisions. Panel feedback suggested the need for this component in previous phases of the model. While the feedback was not explicit about the relevance of this component in the execution phase, logic dictates that the feedback is also applicable to this phase. The other changes made in response to panel member feedback are outlined in Table 7.4.

Table 7.4

Changes Made to the Execution Phase of the Client Threat Theory in Round One

Component	Panel Feedback	Change Made
Assessment of Effectiveness	Psychologists undertake an assessment of the effectiveness of the management strategy that they implement in response to a client threat.	To include this effectiveness assessment in the theory, it needed to more clearly delineate the actual implementation of a strategy. An appraisal of the available management resources and the applicable barriers is carried out prior to a management strategy being chosen and implemented. An assessment of the effectiveness of this implemented strategy is then undertaken and if the desired objective is achieved the psychologist progresses on through the client threat process. If the implementation of the chosen management strategy does not achieve the desired objective, the execution phase is re-initiated and other available management strategies are considered.
Implement Management Strategy	Psychologists undertake an assessment of the effectiveness of the management strategy that they implement in response to a client threat.	With the addition of the assessment of effectiveness component to the client threat theory, it became apparent to the researcher that a step in between the development of the management strategy (the assessment of the of the available management resources and present barriers) and the assessment of the effectiveness of the strategy was missing. This missing component was the actual implementation of the developed management strategy. Therefore the implement management strategy component was added to the theory to bridge this obvious gap.

The innate response component and accumulated knowledge component of the theory, outlined in the changes made to the activation phase, have also been added to the risk assessment phase of the theory. The rationale that panel members provided for adding these components to the first phase of the theory is also relevant to the third stage of the theory. The innate response of psychologists may influence their assessments of the available management resources, the barriers to management that are present, the implementation of the developed management strategy, and also their assessment of the effectiveness of the management strategy in

the execution phase. Psychologists' accumulated knowledge may influence their assessment of the available management resources, the barriers to management that are present, the implementation of the developed management strategy, and also their assessment of the effectiveness of the management strategy.

Issues Raised Regarding the Theory

In addition to the modifications made to the preliminary Client Threat Theory in response to the panel feedback, there were suggestions that were not acted upon. Justification for not actioning these submissions, along with responses to any issues raised by panel members have been outlined in Table 7.5.

Table 7.5

Issues Raised by Panel Members in the First Stage of Feedback

Issue Raised	Justification
Having only physical and verbal triggering client behaviours suggests that only physical and verbal client threats can be experienced.	It is agreed that there are many different types of client threats experienced by psychologists. However, it is suggested that all of these different types of threats can be traced back to a specific physical or verbal client behaviour that activates the client threat process. For example a financial threat may be experienced when a bill is not paid, however, it was the client's physical behaviour (or in this case lack of) of not paying the bill that was initially observed. It is not until the cognitive component of the situation is added that it is actually conceptualised as a financial threat.
How does this theory deal with the presence of multiple threats at once?	The presence of multiple threats is not accounted for in this theory. At this stage of the theory's development it seems appropriate to work with a single threat before exploring the complexities added by the presence of multiple client threats. Also, the data from which this theory has been developed only dealt with single occurrences of threat.
How does this theory deal with threats that are not perceived until too late, that is the threat is already in action?	No matter how far along a situation has progressed, before a psychologist realises that they are in a threatening situation, there is still an observation of a client behaviour that makes them aware of this threat. In some cases this observation may come early in the situation and this means that a thorough and considered risk assessment can take place and preventative measures put in place. In other cases this observation may be followed immediately by other events and therefore the risk assessment must be performed quickly and the management strategy will be more reactive.
More consideration needs to be given to an organisation's influence on the client threat process.	There were themes from the first stage of the research that demonstrate the influence of an organisation throughout the client threat process. These influences were identified by participants in the Risk Characteristics and Management Resources components of the theory. Unfortunately, all of the sub-themes under each of the components of the theory could not be presented in the summation provided to panel members.
Progression through the process may be out of sequence. For instance, a psychologist may go from activation to execution and only later, usually when the consequences are not as desired, engage in the cognitive phase.	The researcher contends that, while parts of this process may be repeated, the process will not occur out of sequence. To progress from activation to execution, some form of risk assessment process must occur. It may be that it is not a very considered assessment, but some level of evaluation would be undertaken in deciding that a management strategy is even necessary. Perhaps the panel member is assuming that cognitive implies conscious consideration, whereas some of these cognitive processes may occur unconsciously.

Table 7.5 continued

Issues Raised by Panel Members in the First Stage of Feedback

Issue Raised	Justification
The cognitive and activation phases of the client threat theory can happen within the therapeutic process and the client threat experience can be used as a therapeutic tool. A panel member suggested that in most cases where a client threat is experienced in a session, their risk assessment does not go beyond that which they would usually carry out in a session and they do not employ management strategies that are beyond their usual therapeutic tools.	It makes sense that this client threat theory will occur within the context of the type of work that the psychologist carries out. For psychologists who work therapeutically with clients, it may be that the risk assessment and activation phases of the process are carried out along side or are integrated with their usual therapeutic practices. However, it still remains that these phases occur during the experiencing of a client threat. The use of the client threat experience as a therapeutic tool is a management strategy that was outline by participants in the first stage of the research. There were also a number of other therapeutic tools that were outlined as strategies that can be employed to manage a client threat.
There are cumulative effects of experiencing similar threats over time and this may influence an individual's client threat threshold.	There are a number of factors that will influence where an individual's threshold is on the continuum. The cumulative effects of experiencing similar threats will influence this and for each client threat incident the psychologist's threshold may vary considerably.
The organisation in which a psychologist works will have their own threshold for when a client threat needs to be acted on.	The organisation in which a psychologist works, particularly its policies and standard practices, will also have an influence on where the psychologist's threshold lies on the continuum. While in theory the organisation has its own threshold clearly outlined in policies, these are interpreted and implemented by the psychologists themselves. The organisation cannot intervene in a threatening situation unless it is informed by the psychologist in the first place that the threat exists. Therefore the organisation does not have its own threshold, but may influence where the individual's threshold lies.

Feedback from Round Two

As the next step in the Delphi process, a second round of feedback was initiated and panel members were invited to make comments on the first round modifications as well as highlight any further changes that they perceived were necessary. To conceptualise these changes, a number of diagrams were developed to provide a visual comparison of the theory's model before (see Appendix T) and after (see and Appendix U) the second round of panel feedback.

The components of the Client Threat Theory were categorised according to whether they were considered to be conscious or unconscious experiences for the psychologists (see the top of Figure R1 in Appendix T). A panel member questioned whether the accumulated knowledge part of the theory is entirely unconscious. This

panel member argued that psychologists must have conscious access to that information in order to assimilate and recall it when a threat response is triggered. In response to this feedback, the conscious and unconscious labels were removed from the theory.

Changes to the Activation Phase

The feedback and subsequent modifications made to the activation phase of the theory in response to the second round of feedback are outlined in Table 7.6.

Table 7.6

Changes Made to the Activation Phase of the Client Threat Theory in Round Two

Component	Panel Feedback	Change Made
Trigger	The observation component of the phase is the trigger of the client threat experience, therefore, it did not make sense to have the trigger of the client threat theory half way through the activation stage.	The trigger component of the Client Threat Theory was removed.
Unconscious Consideration	In response to the deletion of the trigger component of the theory, modifications needed to be made to the unconscious conceptualisation component to illustrate that this is the point in the client threat process when psychologists decide whether their observations of client behaviours could be a possible client threat.	The unconscious conceptualisation component of the theory was renamed initial consideration. The name change of this component was that the term consideration more accurately outlines the process of deciding if an observation is a possible threat than conceptualisation.
Further Consideration	The theory needs to allow for psychologists to re-evaluate their experiences as threatening at some point after the initial consideration has taken place. When a threat is not immediately perceived, this perception can change as a result of psychologists' further consideration of their observation, physio-psycho reaction and accumulated knowledge.	The further consideration component was added to the client threat theory. This component allows for further consideration to be given to client behaviours after they have been considered not to be possible threats. This further consideration can lead to a change in this original appraisal, resulting in the client behaviour being considered a possible threat.
Innate Response	The term innate response implies an instinctual rather than learned response to experiencing a client threat.	This component was renamed physio-psycho reaction to reduce the misinterpretation of its intended meaning.
Consequences	The model should more clearly show that there are potentially positive and negative consequences of not considering a client behaviour as a possible threat. The model should also show that just because no threat is registered it does not mean that one does not exist.	A consequence component was added to the activation phase, allowing for consequences to be experienced as result of not considering a client behaviour a threat. An observation failing to trigger the client threat process when a threat exists will be demonstrated through the subsequent negative consequences.

Table 7.6 (continued)

Changes Made to the Activation Phase of the Client Threat Theory in Round Two

Component	Panel Feedback	Change Made
Physio-psycho Reaction and Accumulated Knowledge	The physio-psycho reaction feeds into accumulated knowledge and is then very quickly available to assist in the conceptualisation of the client threat. An arrow going from physio-psycho reaction to accumulated knowledge should be added. There are also components that contribute to a psychologist's physio-psycho reaction to a client threat.	It is theorised that it is accumulated knowledge that contributes to psychologists' physio-psycho reaction. A bi-directional line was placed between the accumulated knowledge and physio-psycho reaction components to demonstrate these relationships.
Conscious Conceptualisation	The conscious conceptualisation of a client threat might be better included in the activation phase. A psychologist's risk assessment does not begin until a threat has been consciously registered.	The conscious conceptualisation component was moved to the activation stage of the theory and was renamed conceptualisation as there was no longer a need to specify the conceptualisation as being a conscious process.
Re-initiate Activation Phase	The stage of observation is ongoing for a well practiced psychologist.	The introduction of the possibility of re-initiating the activation phase accounts for this continued observation and the process can begin again if a new potentially threatening client behaviour is observed.

Changes to the Risk Assessment Phase

In the risk assessment phase of the client threat theory three changes were made at the researcher's discretion, without direct feedback from the panel members to provide coherence to the changed theory (see Table 7.7). Panel members provided feedback regarding the execution phase of the theory that suggested that psychologists may re-initiate the activation process at some stage during the execution phase. The researcher reasoned that, if in some instances psychologists revert back to the activation phase from the execution phase, then the same may occur in the risk assessment phase. The risk assessment phase already allowed for the re-initiation of the risk assessment process if psychologists' perceptions or situational variables change. This re-initiation process was expanded to allow psychologists to revert back to the activation stage of the theory if these perceptions or variables change.

Table 7.7

Changes Made to the Risk Assessment Phase by the Researcher in Round Two

Change Made	Justification
Removal of the situational appraisal component, with its two sub-components (influencing factors and professional efficacy) being made into separate, stand alone components of the theory.	Upon review of the risk assessment phase, after the conscious conceptualisation component was moved into the activation phase, it seemed redundant to have a component labelled situational appraisal in order to group the influential factors and professional efficacy sub-components together.
The substitution of the term <i>determining</i> for <i>assess</i> in the determining level of risk component to simplify the theory.	This substitution made it clear that an assessment of the level of risk posed by the client threat was undertaken at this point in the process.
The consequence management resources component that was in the execution phase was moved to the risk assessment phase of the theory.	This change was made due to changes to the execution phase of the client threat theory. The consequence management resources component was placed after the consequences component, as it had been in the execution phase, to account for the resources available to manage these consequences of experiencing a client threat.

The changes that were made in response to panel member feedback are outlined in Table 7.8.

Table 7.8

Changes Made to the Risk Assessment Phase of the Client Threat Theory in Round Two

Component	Panel Feedback	Change Made
Consequences	If a psychologist's perceived level of risk is under their threshold, there will not always be just positive or negative consequences. It is conceivable that in some instances there will be both positive and negative.	The positive and negative consequences components were combined.
Consequences	The consequence management resources component of the theory relates to the positive consequences as well as negative consequences. There will be instances in which, even though the consequences are positive, resources will still need to be drawn upon to address them.	The newly combined positive and negative consequences component now leads to the implementation of consequence management resources.
Accumulated Knowledge and Consequence Management Resources	A psychologist's accumulated knowledge informs the management resources that they implement to deal with the consequences of experiencing a client threat.	The model of the theory has been amended to demonstrate this relationship between these two components of the theory.

Changes to the Execution Phase

While making the changes suggested by the panel members, the researcher identified that the diagram did not demonstrate a relationship between the client threat management resources sub-component and the accumulated knowledge component in the execution phase. Similarly, the diagram did not demonstrate a relationship between the barriers to management sub-component and the accumulated knowledge components. As with the other management sub-components, the diagram should have included a bi-directional arrow between these components to demonstrate these relationships. This oversight was rectified. The changes made in response to the feedback received by panel members are outlined in Table 7.9.

Table 7.9

Changes Made to the Execution Phase of the Client Threat Theory in Round Two

Component	Panel Feedback	Change Made
Re-Initiate Risk Assessment Phase	The execution phase would benefit from broadening the re-initiate risk assessment phase section of the theory to allow for the activation phase to be re-initiated also. There will be instances during the execution phase when psychologists will need to revert to the activation phase, particularly if a new client behaviour is observed.	The theory now allows for both the activation and risk assessment phases to be re-initiated at any point during the execution phase.
Re-Initiate Execution Phase	When a management strategy is not successful the psychologist will return to the risk assessment phase prior to re-initiating the execution phase, rather than simply beginning the execution phase again. It will be necessary for psychologists to re-assess the different aspects of the client threat situation and the impact that the previous management technique has had on it before developing a new management strategy.	The theory has been adjusted so that after the developed management strategy has been implemented, the process then reverts back to the beginning of the risk assessment phase. This allows for a re-assessment of the situation to determine if any further action is required.

With the change to the re-initiate assessment phase of the theory, the process now re-commences the risk assessment phase after the implementation of the management strategy to assess the effectiveness of that strategy. Consequently, there was no need for the execution phase to have its own, assess effectiveness of the

management strategy component, so it was removed. The removal of this component means that the consequences and consequence management resources components of the phase also become redundant; therefore, they have been moved to the risk assessment phase of the theory. The client threat experience no longer terminates during the execution phase of the Client Threat Theory. Psychologists must re-initiate the risk assessment phase and deem the level of risk to be under their threshold for the process to be terminated.

Changes to the Feedback Loops

The panel member's feedback also led to a re-conceptualisation of the feedback loops that occurred within the Client Threat Theory. One of the panel members outlined what constitutes a feedback loop and suggested that some of the lines, on the diagram illustrating the feedback loops in the theory, were actually just indicating relationships between the components. The lines on the feedback loop diagram that indicated relationships were moved into the appropriate phase diagrams in the form of bi-directional arrows. In particular, many of the lines coming from the accumulated knowledge component were indicative of a relationship instead of a feedback loop and the appropriate adjustments to the diagrams were made.

The new feedback loops that have been added to the diagram demonstrate that the introduction of new information in one component can lead to the process reverting back to a previous component. Essentially, these feedback loops illustrate the capability of psychologists to revert back to earlier parts of the client threat process if there is a change in situational variables or the psychologists' perceptions of the situation. Within the three phases, the experiencing of any component can lead that phase re-initiating. Between the phases, the experiencing of any of the components can also lead to the re-initiation of the previous phase of the theory.

Feedback from Round Three

In the third and final round of data collection, the panel members were provided with a survey that asked them to provide both quantitative and qualitative feedback on the modified Client Threat Theory. Quantitatively, panel members were required to rate their level of agreement with each phase of the theory and then with

the Client Threat Theory as a whole on a seven point scale. On the scale 0 indicated that they fully disagreed and 6 indicated that they fully agreed. When asked about their level of agreement with the activation phase of the theory, participants reported a mean of 5.20 ($SD = 0.63$). The mean level of agreement for the risk assessment phase of the theory was 5.00 ($SD = 1.25$). The execution phase of the theory achieved a mean agreement level of 5.4 ($SD = 0.52$). Finally, the participants were asked to rate their level of agreement with the modified Client Threat Theory as a whole and the mean was 5.1 ($SD = 1.12$).

Qualitatively, panel members were invited to comment on the aspects of the theory with which they disagreed. Only one panel member reported disagreement with aspects of the Client Threat Theory. In particular, she had issue with the risk assessment phase and the theory as a whole. Her explanation for this disagreement with the theory was that it did not have an adequate explanation of how the psychologist's perception influences the client threat experience. However, this perception is accounted for in the activation phase of the modified Client Threat Theory. This panel member did not respond during the second round of feedback and, therefore, missed an opportunity to provide feedback to modify the theory in the ways that she perceived was necessary. The ways in which the other qualitative data received from panel members were dealt with are outlined below.

Changes to the Theory

A small number of modifications were suggested by panel members in the qualitative section of this third round of feedback (see Table 7.10). To conceptualise these changes a number of diagrams were developed to provide a visual comparison of the theory's model before (see Appendix U) and after (see and Appendix V) the third round of panel feedback.

Table 7.10

Changes Made to the Client Threat Theory in Round Three

Component	Panel Feedback	Change Made
Further Consideration	In the activation phase, a bi-directional line should be placed between the further consideration component and the not a possible client threat box. Further consideration will not always lead to psychologists considering the observed client behaviour as a possible threat.	The absence of this arrow had been an oversight and therefore the proposed change was made. A similar bi-directional line was placed between the further consideration component and the possible client threat box. After the initial consideration determines that there is a possible client threat, further consideration may be undertaken by the psychologist.
Consequence Management Resources	A consequence management resources component should be added to the activation phase of the theory. This component is present in the risk assessment phase after consequences are experienced and it is logical that these same resources will be drawn upon by psychologists when consequences are experienced in the activation phase of the theory.	The proposed change to the activation phase of the theory was made.
Accumulated Knowledge	A person's prior experiences will orient him or her to attend to particular cues – to be primed to notice certain subtleties of behaviour or demeanour, such as the way something is said rather than just what is said. Therefore, what is observed (or attended to) can be influenced by prior experience.	A bi-directional line was added to the diagram of the activation phase demonstrating this relationship between the accumulated knowledge component and the observation component.

Issues Raised Regarding the Theory

In addition to these minor modifications, there were comments and suggestions that were not acted upon. Justification for not actioning these submissions along with responses to any issues raised by panel members have been outlined in Table 7.11.

Table 7.11

Issues Raised by Panel Members in the Third Stage of Feedback

Issue Raised	Justifications
<p>I would think that a cognitive and emotional reaction would be more likely than a physiological reaction... I think there needs to be an inclusion of the role cognition and emotions play in a psychologist's experience of client threat. My sense is that the beliefs, expectations, ideas that a psychologist has, will impact him/her (for example if a psychologist holds a strong belief in the just world, then he/she is likely to respond negatively to client threats). Also I think it is important to keep in mind the emotional response of the psychologist – and there needs to be a recognition of transference/counter transference – this seems to be missed.</p>	<p>The physio-psycho reaction component of the theory does account for these cognitive and emotional reactions to the client threat experience. Regardless of which reaction is more likely to occur, any of these reactions may be experienced by the psychologist and impact on subsequent components, as demonstrated in the figures illustrating the theory.</p>
<p>If you list a barrier to management of the threat I think you should also list a barrier to perception of it as many will fail to perceive until too late, some will dissociate, others just won't get it... I think you have a problem in the schematic re perception.</p>	<p>The <i>initial consideration</i> component of the activation phase of the theory accounts for this perception of the threat. There may be a number of reasons for the psychologist wrongly perceiving a client threat, however, exploring this component in detail went beyond the scope of the current research. This comment does offer a possible area of future research, exploring the possibility of barriers to this initial consideration component.</p>
<p>“The desired objective will vary for each psychologist AND THEIR ENVIRONMENT”... need to keep the psychologist-environmental context in place.</p>	<p>The researcher agrees that the physical environment that the psychologists are in will provide a context for the client threat experience. These environmental factors will interplay with psychologists' personal factors to shape their perceptions. While this interaction is not outlined in the figures illustrating the theory, the explanation of the theory has been modified to demonstrate the influence of the environment.</p>
<p>I wonder if different types of threat would elicit different responses – my suspicion is that the extent of someone's reaction and processing probably varies according to the level of perceived threat to themselves and the immediacy of that threat. It would be interesting to see if all of the steps were taken in all circumstances. Perhaps this is future research.</p>	<p>These questions go beyond the scope of this current research but, as suggested, they provide an interesting direction for future research.</p>

CHAPTER 8:

STAGE TWO - DISCUSSION

The data gained from this second stage of the research was intended to complement those gained from the first stage and culminate in a more complete and accurate theory of client threats that proposes to represent psychologists' client threat experiences. Three phases of feedback were gained from a panel of experts using a Delphi method of data collection. This panel provided their opinion on the necessary modifications and additions to the preliminary Client Threat Theory to ensure that a more complete and accurate representation was achieved. While some changes were made to the fundamental components of the theory, the majority of the modifications and additions related to the process that occurred around these components and how they interacted.

Modified Client Threat Theory

The outcome of gaining panel feedback, to complement the preliminary Client Threat Theory of Stage One, was the development of the modified Client Threat Theory. This modified theory is much more complex than the preliminary theory, with multiple paths of progression, as well as the provision for parts of the process to be experienced multiple times. With this added complexity comes a more complete illustration of the client threat experience. The modified Client Threat Theory defines a client threat as any situation in which a psychologist perceives that her wellbeing is at risk as a direct result of a client's action or inaction. The modified Client Threat Theory is outlined below to provide a clear understanding of how the process is proposed to work.

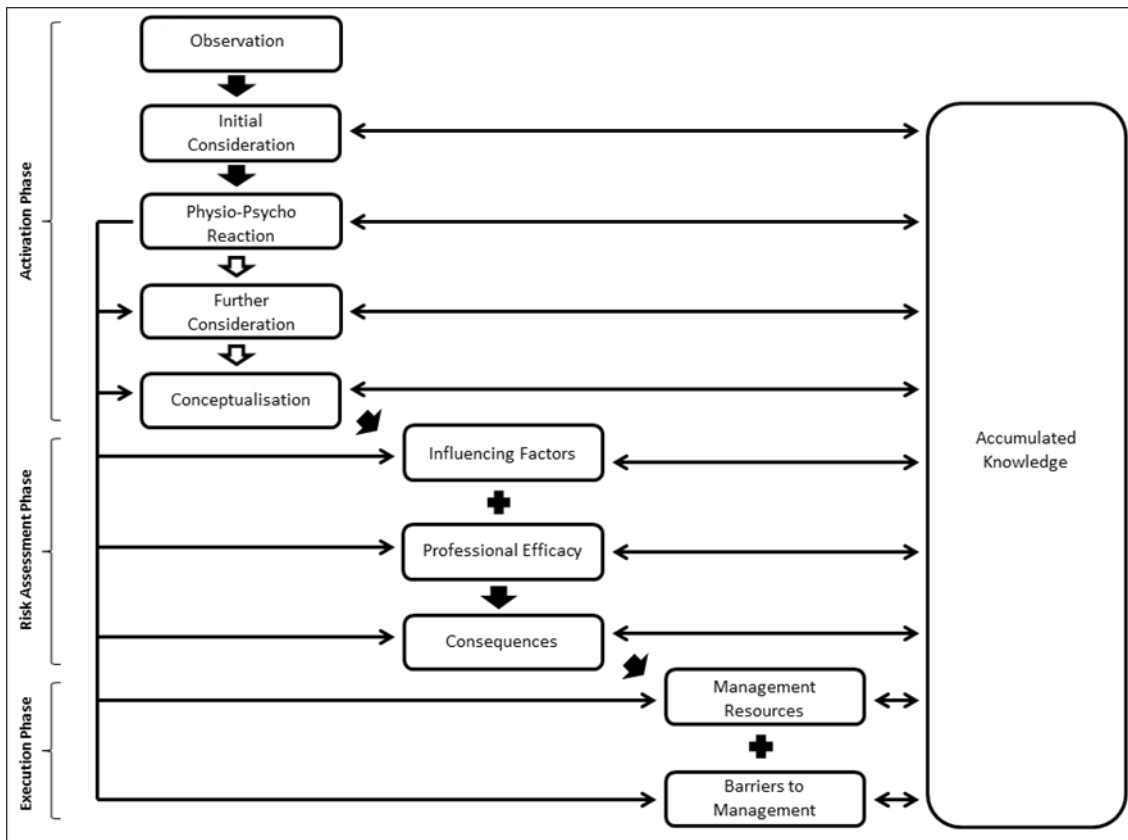


Figure 8.1. The three phase theory that outlines psychologists' experiences of client threats.

The modified Client Threat Theory is composed of three phases that outline the process through which psychologists experience client threat situations. As outlined in Figure 8.1, the theory begins with the activation phase, which involves the observation of a client behaviour, consideration as to whether this behaviour is a possible client threat, and the conceptualisation of the client threat experience. When a client behaviour is considered a potential client threat, the risk assessment phase of the theory is then initiated. This second phase involves psychologists performing multifaceted assessments of both the influencing factors and their own professional efficacy in dealing with the situation. When psychologists determine that action needs to be taken to manage the client threat, the execution phase of the theory is initiated. This final stage involves psychologists formulating, implementing, and evaluating management strategies until they perceive the level of risk has decreased to an acceptable level. Once psychologists assess the perceived level as being acceptable, they may experience a number of consequences as a result of their experiences. The Client Threat Theory is based on the perceptions of the psychologist who is experiencing a client threat. The experiencing of a client threat is highly subjective and

consequently this theory only accounts for how the individual perceives the situation and how these perceptions influence her subsequent thought processes and actions.

All components of the modified Client Threat Theory may be influenced by psychologists' accumulated knowledge of client threats. This accumulated knowledge is an accrual of information from previous experiences, peers' experiences, the literature, formal study, and from other learning such as professional courses the individuals attend. Additionally, psychologists experiencing each of these components of the theory contribute to their accumulated knowledge of client threats, as they learn from their experiences. It is therefore suggested that psychologists' accumulated knowledge is a dynamic component of the theory that evolves in terms of both its composition and influence as psychologists progress through the client threat process. This relationship between psychologists' accumulated knowledge and the components of the modified Client Threat Theory is demonstrated in each of the figures that depict the modified theory.

During all three phases of the modified Client Threat Theory there is the possibility that situational variables or psychologists' perceptions of the circumstances will change. When this happens, psychologists will be required to consider the influences that these changes have on their client threat experiences. A re-initiation of the phase they are currently in, or a previous phase of the theory, may be required so that these changes can be taken in to consideration. This option to re-initiate a phase of the theory is demonstrated in each of the Figures (8.3, 8.4, and 8.5) depicting the phases of the modified Client Threat Theory.

Psychologists repeating stages of the client threat process in this way creates feedback loops within the Client Threat Theory. As shown in Figure 8.2, the introduction of new information into the process leads to a need to revert back to a previous stage of the theory to understand the impact of these changes and adjust the process accordingly. Some threatening situations are concluded soon after the observation of a client's behaviour and in these instances the three phases of the theory are worked through in quick succession. However, there are also more drawn out experiences of client threat which result in the progression through the phases of this theory being slowed and occurring over an extended period. The Client Threat Theory accounts for this slowed progression through the client threat process by

allowing for sections of the process to be repeated in response to changes in either situational variables or psychologists' perceptions of the circumstances.

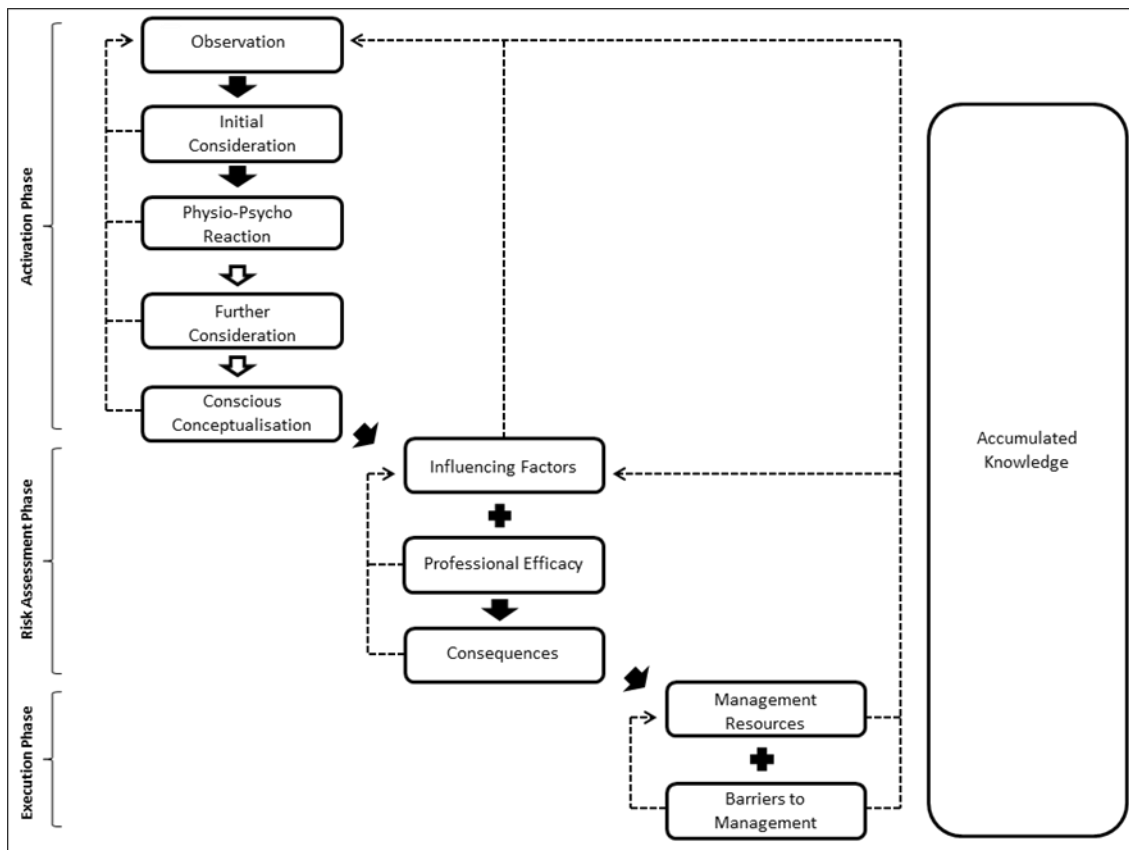


Figure 8.2. The feedback loop that occurs within the modified theory of client threats.

The Activation Phase

The activation phase is the initial process that occurs during a client threat experience and, as outlined in Figure 8.3, begins with psychologists observing clients physical (for example, slamming a door, throwing an object, or producing a weapon) or verbal (for example, shouting, swearing, and making verbal threats) behaviours. These observations, by psychologists, are at a sensory level with no cognitive consideration of the client's behaviour. Instead, the cognitive input comes soon after when initial considerations of the client's behaviours are undertaken by psychologists, resulting in the behaviours being considered as a possible client threat. It is during this initial consideration that psychologists might experience a *gut feeling* that something is not right, which is essentially an unconscious assessment of whether a client behaviour is a potential client threat. The client threat process ends for psychologists when they perceive that the observed client behaviours do not constitute a possible threat to their wellbeing. Subsequent consequences are experienced as a result of their

Even when observations are considered insufficient to constitute client threat experiences, these clients may still pose significant threats to psychologists and the situations could escalate further without their awareness (negative consequence). In instances like these psychologists may undertake a further consideration of the observed behaviours, either instantaneously or over a period of time. These further considerations are essentially re-evaluations of the original observation with the benefit of a more thorough cognitive evaluation of the circumstances. This re-evaluation may lead to the original categorisation of the client behaviours not being a possible threat, or the re-categorisation of behaviours to possible client threats. This further consideration can also lead to an observed client behaviour, which is initially considered to be a possible client threat, being re-evaluated as not posing a possible threat.

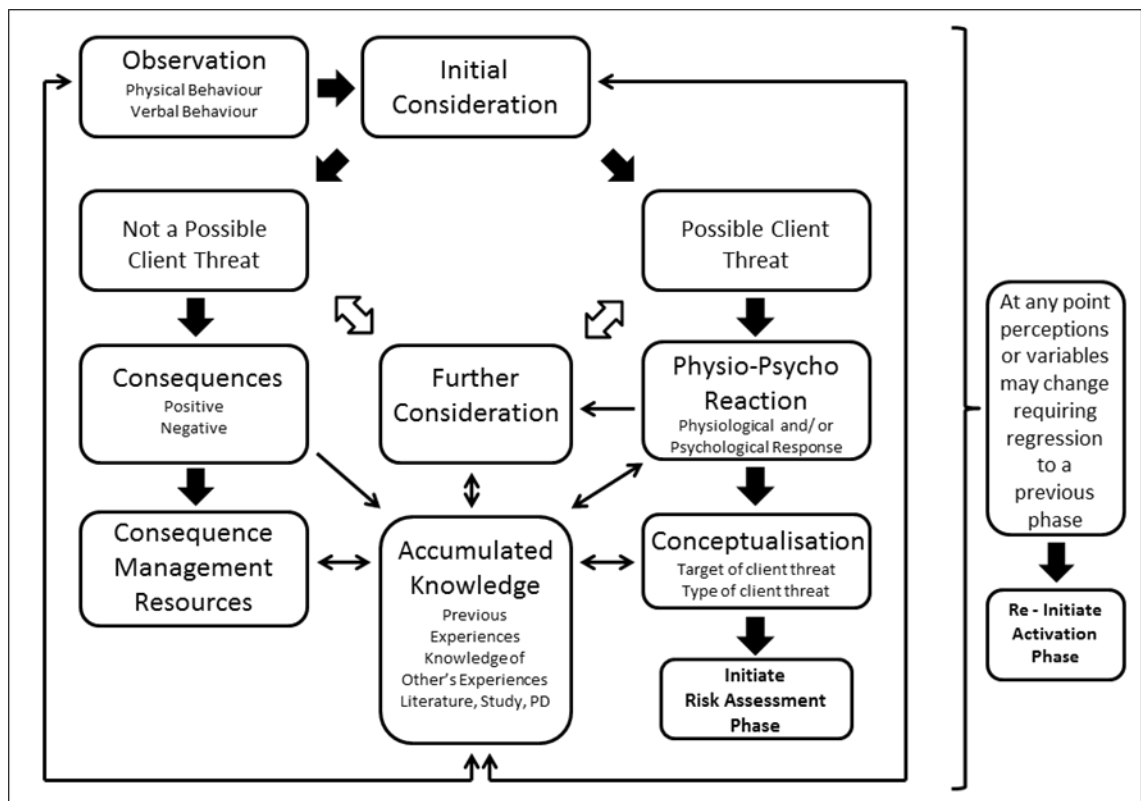


Figure 8.3. The activation phase of the modified Client Threat Theory.

When client behaviours are considered potential client threats, psychologists experience physio-psycho reactions. The form and severity of these physiological and/or psychological reactions will depend on a number of factors that are unconsciously evaluated. More severe reactions may influence psychologists' cognitive and/or physical ability to respond efficiently in subsequent components of the theory. This relationship is demonstrated in each of the Figures (8.3, 8.4, and 8.5) which depict the phases of the modified Client Threat Theory. This potential for the observed client behaviours to be client threats leads to psychologists undertaking conceptualisations of these client threats. In doing so, psychologists try to determine who the targets of the threats are (psychologist's person, professional reputation, a college, or family) and the types of threats (physical, sexual, verbal, psychological, financial reputational) that are being experienced. The risk assessment phase of the Client Threat Theory is initiated once these conscious conceptualisations of the client threats have been established.

While the activation phase is complex, this complexity allows for a number of different scenarios to be accounted for by the modified Client Threat Theory. To demonstrate how the activation phase may be engaged in different circumstances, a psychologist's progression through the phase during three distinct client threat scenarios is presented. In some instances the triggering of a client threat experience is instantaneous with the observation and leads to consideration as a possible threat, a physio-psycho reaction, and so on through the client threat process. An example of such an instantaneous experience would be a client pulling a gun on a psychologist.

In another scenario the client might undertake a behaviour that is not immediately considered a client threat; however, after a more comprehensive consideration of the psychologist's accumulated knowledge and physio-psycho reaction to the behaviour, the psychologist amends the original decision and considers the client behaviour as a possible threat. An example of this would be a client yelling aggressively at a psychologist and the psychologist initially perceiving this as the client expressing angry feelings in a projective manner. The psychologist then leaves the room to get a handout for the client. Upon beginning her return to the room, the psychologist realises that she feels uneasy about returning and that she did actually feel threatened by the client's behaviour.

Yet another scenario that may play out for a psychologist is when a client's behaviour, in isolation, does not bother her, but as the client's behaviours accumulate the psychologist does begin to feel threatened. A client's behaviour might initially not be considered a possible client threat, but as the client displays additional behaviours, the circumstances change and the activation phase is re-initiated to take these new variables into account. An example would be a client yelling aggressively at a psychologist and the psychologist perceiving this as the client expressing angry feelings in a projective manner. The client then walks over to the psychologist's desk and picks up a solid object from the desk. This new client behaviour changes the original variables of the situation and; therefore, leads the psychologist to re-initiate the activation phase. The observation of the client picking up a solid object off the table leads the psychologist to consider the client's behaviour as a possible threat in this new set of circumstances.

The Risk Assessment Phase

The risk assessment phase is outlined in Figure 8.5 and has two distinct assessment processes. Firstly, psychologists assess the presence and absence of factors that both aggravate and protect against the occurrence of client threats. Psychologists then combine these assessments with evaluations of their own level of professional efficacy in dealing with the situations. In doing so, they consider their level of wisdom, expertise, awareness, information, and the quality of their work practices.

Following this assessment, psychologists determine the level of risk that the current client threats pose to their wellbeing. Client threats are not simply categorised by psychologists as being either threatening or not, instead client threats fall on a continuum of risk ranging from low to high. Each unique client threat experience will have a different place on each psychologist's continuum of client threat. As demonstrated in Figure 8.4, participants suggested that along this continuum they have a dynamic personal threshold for risk. This threshold is the point at which the level of risk posed by a client threat becomes intolerable, for that psychologist, and consequently they perceive action needs to be taken.

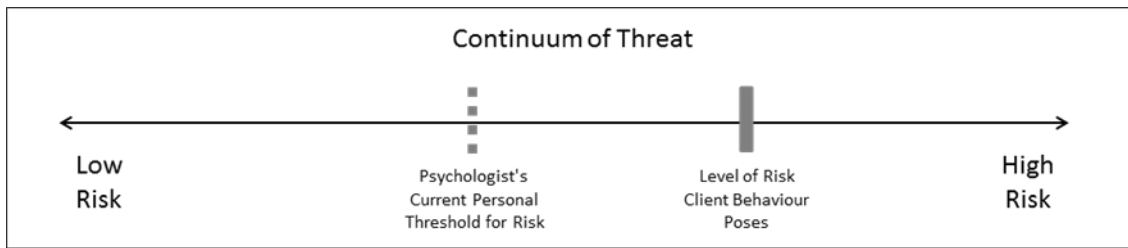


Figure 8.4. The continuum of threat and threshold for risk outlined by first stage participants.

There are vast arrays of variables that will determine where a psychologist's current threshold falls on the continuum (including organisational influences that may be beyond the control of the psychologist) and this threshold will fluctuate with each new set of variables. Conceptualising client threat on a continuum fits with the perceptions of some participants that the nature of psychologists' work means that they are always under some degree of threat when around clients.

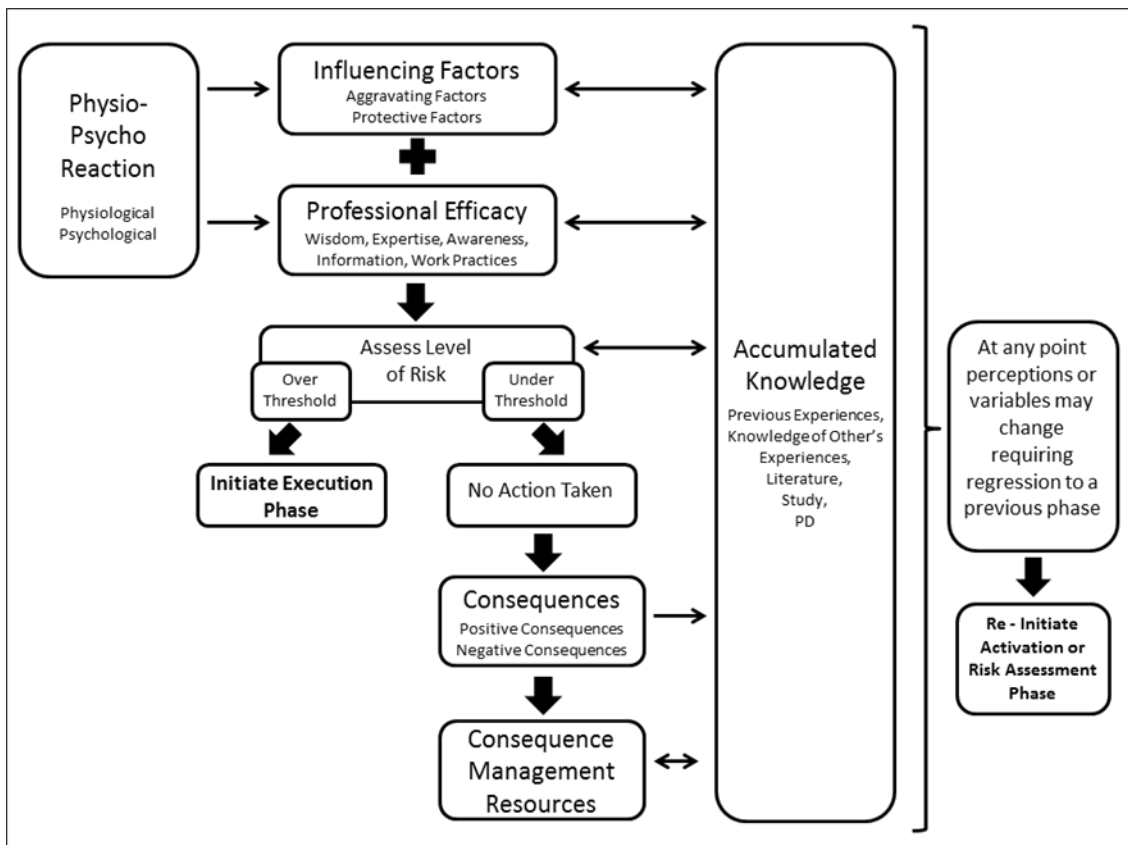


Figure 8.5. The risk assessment phase of the modified Client Threat Theory.

Psychologists will not take action if they decide the level of risk is below their threshold. Inaction on the part of psychologists does not mean that these threats do not exist but does mean that they perceive that their client threat situations have ended. At this perceived conclusion, consequences will be experienced by psychologists, either as a result of their client threat experiences or their decisions not to take action. Psychologists can begin to manage these positive and/or negative

consequences through the implementation of available consequence management resources. Conversely, psychologists will take action, and therefore initiate the execution phase of the theory, if the level of risk posed by the current client threats are over their thresholds.

The Execution Phase

The execution phase of the modified Client Threat Theory is outlined in Figure 8.6, and begins with psychologists planning the management strategy that they perceive will lead to their desired objectives being achieved. These desired objectives will vary for different psychologists and the environment in which they work. Some may want a reduction in the levels of risk that the client poses to an acceptable level, while others may want the neutralisation of this risk altogether. During the planning stage, psychologists consider the management resources that are available to them and any barriers that will hinder the implementation or effectiveness of these management strategies. Psychologists then implement their conceived management strategies. Psychologists then implement their conceived management strategies.

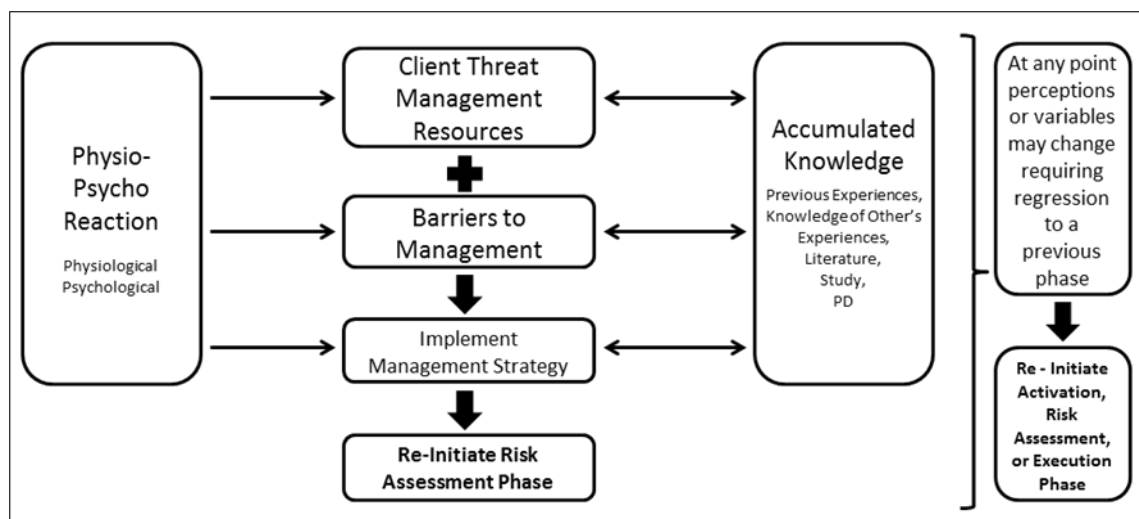


Figure 8.6. The execution phase of the modified Client Threat Theory.

The outcomes of these management actions are then evaluated by psychologists through the re-initiation of the risk assessment phase. The execution phase is repeated until an implemented management strategy leads to a re-assessment that the current client threats no longer pose a level of risk that is over psychologists' thresholds.

Agreement Ratings

The agreement ratings indicate that, in general, panel members were *mostly agreeable* to all three phases of the theory and the modified Client Threat Theory as a whole. The execution and activation phases, respectively, gained the most agreement from panel members. Obtaining such high levels of agreement from panel members suggests that these experts perceive the modified Client Threat Theory to provide an accurate outline of how client threats are experienced by psychologists.

During the Delphi process, through which multiple rounds of feedback were gained from a panel of experts, there was an issue with response rates. During the first round of feedback 12 panel members responded, in the second round 8 panel members responded, and in the third round responses were gained from 10 panel members. There may be a number of reasons for a non-response and subsequently it could be assumed that a lack of response indicates that the panel member did not have any strong objections to the proposed theory. The lower response rate in the second round of feedback falls below the range that researchers (such as Okoli & Pawlowski, 2004; Paliwoda, 1983) suggest is ideal for the size of a panel of experts (10 - 15 members), which raises concerns about the quantity, but not quality, of input that was gained during this stage of the research.

CHAPTER 9:

CONCLUSION

The researcher aimed to explore Australian psychologists' perceptions and experiences of client threat to gain an understanding of the phenomenon of client threats from psychologists' perspectives. The first stage of the project did this by interviewing 45 Australian psychologists. The data collected from these interviews provided a rich data set that gives an insight into how participants' client threat experiences were triggered, how they conceptualised their experiences, factors they considered when assessing the risk associated with the client threat, how they managed their client threat experiences, and the consequences of experiencing a client threat.

Based on the findings of this first stage, it appeared that psychologists' experiences and perceptions of client threats could be best understood by developing a preliminary theory of client threat. The second stage of the research project further developed this theory by engaging a Delphi process (see De Villiers et al., 2005; Loo, 2002), through which a panel of 15 experts were consulted. Consultation with these experts allowed the gathering of further data to confirm the sequence in which these components are experienced and ensure that the relationships between, and processes surrounding these components were accurately depicted.

The modified Client Threat Theory (theory) that resulted from the second stage of the project consists of three phases that demonstrate the process through which a client threat is experienced. The theory suggests that there is no simple answer in regards to how client threats are experienced and perceived by psychologists. There are a number of key components that influence their experience. Not only do these components interact in a multifaceted manner (as shown in the complexity of the theory), but they consist of a large number of factors that influence psychologists' perceptions of the threat (as shown by the volume of themes and sub-themes that emerged in Stage One).

Practical Implications of the Research

In addition to highlighting the complexity of psychologists' perceptions and experiences of client threats, the findings of this research project have a number of more practical implications. Firstly, the Stage One data provides the basis from which tools can be developed to aid psychologists in the assessment, prevention and management of client threats. This project identified the factors that participants consider when assessing the level of risk that a client threat poses. These factors can form the basis of a risk assessment checklist or guidelines for the assessment of risk. Similarly, the data outlining how participants manage client threats can contribute to the development of guidelines for the prevention and management of client threats. The development of tools to aid psychologists in the management of client threats is particularly pertinent considering psychologists have reported not being confident or adequately trained in dealing with threatening clients (see Gately & Stabb, 2005; Ogloff, 2006; Pope & Tabachnick, 1993).

Secondly, the themes that emerged in the conceptualisation category of the Stage One findings provide a basis for categorising client threat experiences. These categories can be used to develop a definition and taxonomy of client threat, which would provide consistency in the client behaviours being measured across studies. The use of a consistent taxonomy would allow different studies to be compared to determine the prevalence of client threats in different populations. Such comparisons would allow researchers to identify circumstances in which client threats are more or less likely to occur, and consequently more detailed prevention and management strategies could be developed.

Thirdly, this research highlights that professional training that concentrates on experiences of client violence is not providing psychologists with the skills required to deal with other potentially threatening situations that they may face while interacting with clients. It is now evident that psychologists require guidance regarding the more subtle forms of client threat, such as, when cash flow is poor and they feel that the client may not pay the account. Both professional development and University training can now provide psychologists with a theoretical framework to help them understand the complex nature of a client threat experience. Training needs to cover the diverse range of client threat experiences identified in this research project to ensure that

psychologists are not only aware of the potential triggers of an experience, but how to manage these different experiences. Finally, this research also has implications for the supervision process that psychologists undertake. The findings of Stage One of the research provide a detailed outline of the different types of client threats experienced by participants. The dissemination of these experiences may help to normalise the occurrence of client threats and make it easier for psychologists to discuss their own experiences with their supervisor. The Stage One findings also provide an outline of the management techniques used and consequences experienced by participants. This information can be used to prompt discussion around client threats during supervision. The theory provides supervisors with an explanation of the processes that psychologists go through when a client threat is experienced. The theory provides a framework for breaking down and examining client threat experiences during supervision so that psychologists can identify areas of strength and weakness in their own practice. Psychologist will then be able to accurately identify areas in which they need further professional development in order to more effectively deal with client threat experiences.

Direction for Future Research

Areas of future research have also emerged throughout the progression of this research project. Firstly, the components of the theory that were added, as a result of panel feedback from the second stage of the research, have not been qualitatively explored to gain an understanding of the different aspects of these components. Components of the theory that came from the first stage of the project were made up of numerous themes and sub-themes that emerged from the data, which provided an insight into the dimensions of these components. In-depth interviews, similar to those conducted in the first stage of the research, need to be undertaken to gain a detailed understanding of how each of these new components are experienced by psychologists.

Secondly, the qualitative nature of this research means that the theory has not been validated and therefore cannot be generalised to the greater Australian psychologist population. While a quantitative validation of the theory was beyond the scope of this research project, Creswell (2007) suggests that a process of empirical

verification can be used to determine if the theory can be generalised to a wider population.

Thirdly, it is hypothesised that, other helping professionals who share a similar intimate relationship with a client, could experience a client threat that is similar to psychologists. This possible similarity in experiences is supported by the amalgamation of different helping professions for the participant pool by various researchers (see Bernstein, 1981; Hudson-Allez, 2002; Hughes et al., 2007; Seeck, 1998; Whiteman et al., 1976) during their research of client threats or similar concepts. Future research could test this hypothesis to determine whether the theory more generally explains the experience of being threatened by a client.

Fourthly, it was also beyond the scope of the current study to explore the decision making processes that surround psychologists' assessments of the level of risk that client threats pose to their wellbeing. Exploring this process will allow the identification of the strengths and weaknesses of the assessments undertaken by psychologists, and consequently the development of efficient and effective tools to refine this assessment process.

Finally, it was the researcher's aim to identify and report the perceptions of the participants. No attempt was made to merge the Client Threat Theory with similar or related theories that already existed in the literature during the first or second stage of the research. The researcher was unable to compare the Client Threat Theory with a range of theories that already exist to explain aggression and violence within the ambit of this thesis. A further step in this project should be to compare and, if indicated, integrate the Client Threat Theory with theories such as Lazarus's (1966) Theory of Psychological Stress and Weiner's (1985) Attribution Theory. The Stage Two panel members also highlighted the need to consider the process from the viewpoint of clients as has been done in other situations (see DeWall & Anderson, 2011; DeWall, Anderson, & Bushman, 2011; Ferguson & Dyck, 2012; Gilbert & Daffern, 2010).

Summary of the Research

This is the first study, known to the researcher, which provides an understanding of how Australian psychologists perceive and experience client threats.

Exploring these perceptions and experiences led to the development of a theory, which also provides insight into the process through which psychologists may experience such threats. However, the most important finding of this research project is that situations in which psychologists feel that their wellbeing has been placed at risk, as a result of client interactions, are much broader than previous client violence literature has suggested. There are a large range of situations that psychologist find threatening. Some are obvious (e.g. throwing objects, physical contact, verbal threats of aggression, etc.), while others are more subtle (e.g. manipulation, challenging competency, vicarious trauma, etc.). It was also discovered that psychologists' conceptualisations of what constitutes a client is broadly defined and also their conceptualisation of wellbeing goes beyond just their physical wellbeing. Psychologists' wellbeing includes both their professional and psychological welfare, with psychological wellbeing including their psychological reactions to family members and colleagues' wellbeing being threatened. Consequently, a broader approach must be taken in the conceptualisation of client threats to ensure that all experiences are dealt with in the education and training of psychologists. This broader conceptualisation is also fundamental to ensuring that the development of any guidelines and tools to aid psychologists in the prevention and management of client threats are inclusive of all psychologists' experiences.

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APPENDICES

Summary of Appendices

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Appendix A

Articles that Provide Prevalence Statistics on Client Threats

Author(s)	Country	Participants	Term(s)
Bernstein (1981)	US	Psychotherapists	Threats and Assault
Brendzal (2001)	US	Psychologists	Violence
Brown (1995)	US	Psychologists	Assault
Criss (2010)	US	Social work students	Violence
deMayo (1997a)	US	Psychologists - female	Sexual behaviour and harassment
deMayo (1997b)	US	Physical therapists	Sexual behaviour and harassment
Fong (1995)	US	Psychologist	Assault
Gates et al. (2006)	US	Emergency department workers	Violence
Gentile et al. (2002)	US	Psychologists	Stalking
Guy et al. (1990)	US	Psychologist	Violence
Hudson-Allez (2002)	UK	Primary care therapists	Stalking
Hughes et al. (2007)	New Zealand	Mental health clinicians	Stalking
Macdonald & Sirotich (2001)	Canada	Social workers	Violence
Macdonald & Sirotich (2005)	Canada	Social workers	Violence
Mandiracioglu & Cam (2006)	Turkey	Nursing home staff	Violence
Newhill (1996)	US	Social workers	Violence
Newhill (2002)	US	Social workers	Threats
Padyab et al. (2012)	Iran	Social workers	Violence
Purcell et al. (2005)	Australia	Psychologists	Stalking
Romans et al. (1996)	US	Counselling centre staff	Stalking
Schantz & Meacham (2003)	US	Mental health social service workers	Violence
Seeck (1998)	US	Psychologists & Social workers	Violence
G. Shields & Kiser (2003)	US	Human service workers	Violence and Aggression
M. Shields & Wilkins (2009)	Canada	Nurses	Abuse
Shin (2011)	South Korea	Social workers	Violence
Tryon (1986)	US	Psychologists	Abuse
Whiteman et al. (1976)	US	Mental health workers	Assault
Winstanley & Whittington (2004)	UK	Health care hospital staff	Aggression

Appendix B

The Different Client Behaviours Explored by the Client Threat Articles Outlined in Appendix A

Type of Client Behaviour	Examples of Terminology	Examples of Authors
Physical	Physical violence	G. Shields & Kiser (2003)
	Physical attack	Shin (2011)
	Physical assault	Criss (2010)
	Assault	Seeck (1998)
	Assaulted and injured	Macdonald & Sirotich (2001)
	Assaulted but not injured	Macdonald & Sirotich (2005)
	Violent incident	Schantz & Meacham (2003)
	Threatening behavior	Winstanley & Whittington (2004)
	Physical threats and actions	Mandiracioglu & Cam (2006)
Verbal	Threaten harm	Seeck (1998)
	Threaten physical harm	Macdonald & Sirotich (2005)
	Threaten with weapon	Newhill (2002)
	Threaten to kill	Newhill (2002)
	Threaten bodily harm in person	Fong (1995)
	Phone call threatening harm	Fong (1995)
	Threaten violence	Schantz & Meacham (2003)
	Threaten	Bernstein (1981)
	Verbal threat of physical attack	Guy, Brown, & Poelstra (1990)
	Non-specific verbal threat	Newhill (2002)
	Verbal threats	Shin (2011)
	Verbal abuse	Winstanley & Whittington (2004)
	Verbal harassment	Gates, Ross, & McQueen (2006)
	Threaten lawsuit	Criss (2010)
	Threaten harm to family or colleague	Macdonald & Sirotich (2001)
Property	Property damage	Shin (2011)
	Property attacked, destroyed, or otherwise defiled	Fong (1995)
	Threaten to damage property	Macdonald & Sirotich (2005)
	Vandalism	Brendzal (2001)
	Theft	Brendzal (2001)
Sexual	Sexual harassment	deMayo (1997a)
	Sexual abuse	Mandiracioglu & Cam (2006)
Psychological	Emotional abuse	M. Shields & Wilkins (2009)
	Psychological violence	Padyab et al. (2012)
	Harassment	Seeck (1998)
	Racial or ethical harassment	Macdonald & Sirotich (2005)
Stalking	Stalking	Purcell, Powell, & Mullen (2005)
	Family member stalked	Romans, Hays, & White (1996)

Appendix C

Articles that Provide Prevalence Statistics on Workplace Violence

Author(s)	Country	Participants	Term(s)
Acik et al. (2008)	Turkey	Medical residents	Violence
Anderson (2002)	US	Nurses	Violence
Arthur et al. (1999)	US	Marriage and family therapists	Violence
Arthur et al. (2003)	US	Mental health providers	Violence
Aydin et al. (2009)	Turkey	General practitioners	Violence
Ayranci et al. (2006)	Turkey	Health care workers	Violence
Boz et al. (2006)	Turkey	Emergency Department Health care workers	Violence
Briggs et al. (2004)	Australia	Work involves children	Violence, Threats & Intimidation
El-Gilany et al. (2010)	Saudi Arabia	Primary health care workers	Violence
Erkol et al. (2007)	Turkey	Health care providers	Aggression & Violence
Farrell et al. (2006)	Australia	Nurses	Aggression
Ferns & Meerabeau (2009)	England	Nursing student	Verbal Abuse
Franz et al. (2010)	Germany	Health care workers	Aggression & Violence
Fry et al. (2002)	Australia	Community mental health staff	Aggression
Horejsi et al. (1994)	US	Child protection workers	Threats & Violence
Kamchuchat et al. (2008)	Thailand	Nurses	Violence
Maguire & Ryan (2007)	Ireland	Nurses	Aggression & Violence
Mayhew & McCarthy (2005)	Australia	Public sector workers	Aggression
Powell & Lloyd (2001)	UK	Community mental health researchers	Violence
Privitera et al. (2005)	US	Mental health staff	Violence
Ringstad (2005)	US	Social worker	Violence
Ringstad (2009)	US	Child protection workers	Violence
Romans et al. (2006)	US	Secondary school counsellors	Stalking
Şenuzun Ergün & Karadakovan (2005)	Turkey	Emergency departments nurses	Violence
Winstanley & Hales (2008)	UK	Social workers	Aggression
Zampieron et al. (2010)	Italy	Nurses	Aggression

Appendix D

Stage One - Information Sheet



Dear Colleague,

My name is Penny Hyde and I am currently a PhD candidate at Edith Cowan University. I would firstly like to take this opportunity to thank you for your interest in participating in my research and hope that this information document can clarify any questions you may have about my research. The research explores client threats as experienced by Australian psychologists working in a clinical setting; this being that they engage in assessments, treatment or other therapeutic work with clients who have sought assistance for mental health issues. The ultimate aim of this study will be to develop guidelines for Australian psychologists in how to minimise the risk of and manage client threats and its consequences. I am currently undertaking the first stage of the research which involves conducting semi structured interviews with Western Australian psychologists to explore their experiences and perceptions of client threats.

You will be asked to participate in an interview in which the researcher will ask you questions relating to your opinion on and experience of client threats. The interview should take approximately one hour of your time to complete. You should consider that you will be asked to share your experiences and personal opinions. You are assured confidentiality but if you feel uncomfortable with this you may not wish to participate. If you do agree to participate and you encounter any emotional side-effects, please withdraw your participation immediately and inform the interviewer.

While this interview will be recorded, once it is complete, transcripts will be generated that bear no identifying information and the original recording will be erased. Access to the information you provide will be strictly limited to the researcher and her supervisors, however supervisors will not have access to the names of any participants.

Participation is voluntary and you will be asked to sign a consent form before participating in the study. If you decide to participate, you are free to withdraw your consent and discontinue your participation at any time during the interview.

The results of this research will be published in a research report that will be submitted to the University for assessment. There is also a potential for the research to be published in a relevant research journal. Please consider this before deciding to participate in an interview and if you have any worries concerning this please contact the researcher.

If you have any questions, please feel free to contact the researcher or her supervisor using the contact details supplied below. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact the Research Ethics Officer by calling (08) 6304 2170 or emailing research.ethics@ecu.edu.au

If you are interested in participating please complete the attached consent form and return it via post or email. Your participation in this research is greatly appreciated.

Researcher

Penny Hyde

School of Psychology and Social Science
Science
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
pjhyde@student.ecu.edu.au

Supervisor

Professor Alfred Allan

School of Psychology and Social
Edith Cowan University
270 Joondalup Drive
Joondalup 6027
(08) 6304 5536

Please provide three dates and times that will be convenient for you to be interviewed:

Date	Time

Please indicate where it will be most convenient for you to be interviewed:

☐ at the Joondalup campus of Edith Cowan University

☐ other: (please provide address)

What is the best way to contact you to confirm the interview time?

NOTE: this section can either be posted or emailed back to the researcher.

Appendix E
Stage One – Consent Form

Consent Form
Edith Cowan University
School of Psychology and Social Science
**Exploring Western Australian Psychologists'
Perceptions and Experience of Client Threats**



Please ensure that you have read the attached Information Letter carefully before signing this consent form.

By signing this consent form you are confirming that you:

- have been provided with a copy of the information sheet, explaining the research study
- have read and understood the information provided
- have been given the opportunity to ask questions and have had any questions answered to your satisfaction
- are aware that if you have any additional questions you can contact the research team
- understand that the information provided will be kept confidential, and that your identity will not be disclosed
- understand that the information provided will only be used for the purposes of this research project
- understand that you are free to withdraw from further participation at any time, without explanation or penalty
- freely agree to participate in the research

I _____ have read the information above and have been informed about all aspects of the above research project. Any questions I have asked have been answered to my satisfaction.

I agree to participate in this activity, realising that I may withdraw at any time. I agree that the research data gathered for this study may be published provided I am not identifiable.

Participant Signature: _____

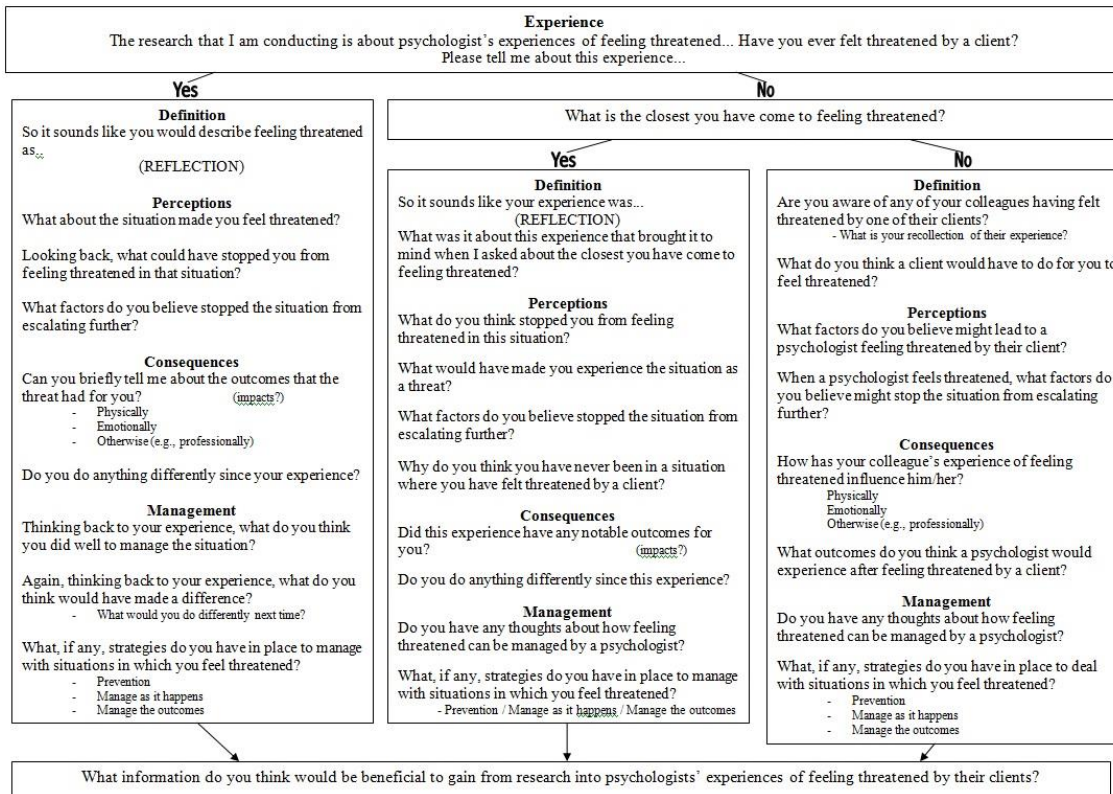
Date: _____

Appendix F
Stage One - Demographic Questions

1. How many years have you been practicing?
2. In what area would you say you have predominately worked?
 - Government Agency?
 - Non-Government Agency?
 - Private?
3. What type of psychological work do you do?
What is your preferred therapeutic modality/model?
4. Do you tend to see a particular clientele?
 - Child?
 - Adult?
5. Have you worked in a rural or regional setting for a significant period of time as a psychologist?
6. Would you mind if I contact you again, via email, once I have performed an analysis of the data that I collect? Doing so would provide you with an opportunity to ensure that you agree with themes that emerge from the interviews.

Appendix G

Stage One - Semi-structured Interview Schedule



Appendix H

Sample of Grounded Theory Audit Trail

Stage One – Data Analysis Management

During a Client Threat

Control Personal Response

Physical

<i>Controlled Physical Response</i>	
P7	opposite body language, keeping tone down, steady and calm, flustered or whatever, so just remaining, you know, and just connecting back. Just show a relaxed body language voice steady
P8	I think, because I acted like it was all fine, like, "ha ha ha", or "look, just go back and sit down". I think if I had actually reacted, like screamed "let go of me", or things like that, I think the person probably would have escalated in his behaviour more.
P8	keep yourself calm when someone's in your face, and even though you're having an early warning signs and kind of going, ahhh
P11	I stayed calm, stayed seated, talked very quietly and slowing and calmly and heard them out.
P14	I think I was able to stay really calm, I didn't freak out I'm able to stay very calm in very difficult situations so I was able to just keep my head and not scream or freak out and maintain eye contact with him.
P15	I think by not making a big deal of it because with this particular client I question why he comes to see me. I think he sees this as a bit of a cat and mouse game and I think he did it to actually rattle me. So by not reacting to that I'm hoping that that might have maybe not.....and not giving him perhaps what he had hoped for that I might sort of stop him from doing anything further
P16	when that does occur my first reaction, if I'm feeling uncomfortable, is to make sure that the client doesn't feel judged or doesn't feel as if there's ... they're being criticised by my body language or my interaction.
P23	you'll probably meet some who impress as confident and they might be apprehensive and fearful underneath but in some ways the demeanour they throw off is generally confident, self-assured, grounding. So I think, yeah, how does one present, yeah, kind of self assuredness and quiet confidence, not a provocative, not a confrontational but firm.
P24	it was not panicking myself internally my anxiety levels were like going through the roof, but to keep that internal and manage that situation was a key factor.
P26	I was quite calm and I was trying to bite down those emotions Not forgetting about my anger, but just kind of putting it to the side and going, trying to empathise with that person or show that I care about what they're saying, and that I just need to focus on what they're saying, but they don't need to shout and that I don't need to challenge them, so I back up from those sorts of I suppose, yeah, those sorts of things. I can show them that I can take it, that I need to listen to you and I will listen to you, that it's okay you're angry, but that I am not buying into it. That I'm not getting angry back. That I'm not going to trigger you further into going off, that's such a typical response from you, you know, knowing that you've bashed your partner.
P32	Not being intimidating to the people I think is important. You can be firm but not aggressive or intimidating. It's adopting the body language that conveys [pause] adopting non-threatening body language.

P37	So even though definitely on two of those occasions I was absolutely shaking on the inside, there was no way I was going to let that be known. So feeling like I was maintaining control.
P40	when he invaded my physical space and leant over me I maintained eye contact with him and refused to step backwards. Which every bone in my body was telling me to do, to get away from him physically. But I didn't, I stood my ground and I maintained eye contact with him. So he would have received the message, even if he wasn't conscious of it at the time, that I was not going to be intimidated by him.
P43	I don't take any of the attacks personally so I don't show any kind of, I think, any body language in regards to getting angry back at them. And I think that's kind of what they want a lot of the time, for an excuse to kind of get out or something. So I very much just kind of ... I don't know, what do I do, sometimes I don't think I even think about what do I do. I've just got to maintain my posture, relaxed shoulders, I just put my hands on my lap if I'm not writing any notes so they do know that they do have my complete attention.
P44	I know that I have been working very hard in my thinking and in my tone, in my manner of how to calm this person down, how to find a way to talk to them without it becoming inflamed and really out of control.

Prepare to Physically Defend Self

P32	while I was talking to him to calm him down or what have you, sort of began to adopt a posturing and, you know, the readiness to either defend myself or try and protect myself or whatever the case may be.
P32	I thought about it, I was carrying my diary with me, it was a big hard cover diary, I was prepared that I could use that to block the knife if he ended up pulling it

Control Personal Response

Mental

Conscious of Safety Options - Prepare to implement

P11	I've been in an office with the door shut and a client has gotten you know to that point where I have kind of gone ok I need to actually think about where the button is and I need to think about how I am sitting and just been really conscious of having to keep myself safe.
-----	---

Pray

P14	I'm a Christian so I'd pray and I'd pray pretty hard about something like that
-----	--

Remain Calm

P9	Yeah managing it in the sense of containing myself which was necessary in order to kind of tolerate going into another session.
P9	Sat with him and just in doing that and the way that I talked with him, soothing him.
P12	I just dealt with it by, "that's your choice, I've come here to present the information to you" and just not biting. Because sometimes you feed it if you start to panic or you start to get into it with them so I probably feel a lot more like in a role then and there is a sense of I need to keep myself safe in this.
P20	part of our training is not to be reactive. So we're very good at modulating our own responses to somebody and not escalating a situation.
P21	that's when I don't have much running through my head and I just go into the, you know, stay calm, just try and take a few deep breaths. There's not much thinking going

	on, it's more reacting. I think it just kicks in, I hear it, I know it.
P28	I guess I have found, well, I did find that just by feeling like I was just terrified on the inside I was able to stay really calm. And yeah, so I certainly didn't respond to the aggression by, you know, I think I just maintained my own calm. And I didn't confront them in any way. So I just listened to what they were saying
P28	Staying quiet, just, yeah, I think just staying calm really and not, I don't know
P29	It's distressing personally but you don't feel like they're actually going to attack you in any way, you get shouted and yelled at and you have to just try and keep your own emotional reactions in check while you, as I said, explain to them or just let them say what they have to say and wait your turn, acknowledge, reflect, that sort of thing.
P30	I think I basically just maintained a veneer of calm and cool and kept walking and tried to distract him as much as possible
P36	You yourself in yourself mustn't be anxious or scared or frizzled by this, otherwise, you know, it's hard to do this work.

Appendix I

Summary of Finding Document sent to all Stage One Participants

Psychologist's Perceptions and Experiences of Client Threats

Preliminary Qualitative Findings of Stage One

Penny Hyde

Alfred Allan

Ricks Allan

Edith Cowan University

The Model of Client Threat

Forty five semi-structured qualitative interviews were conducted with Australian psychologists to gain an understanding of how they perceive and experience client threats. An analysis of the data obtained from these interviews revealed that psychologists' perceptions of client threats are complex. The data were used to develop a model that is set out in Figure 1.

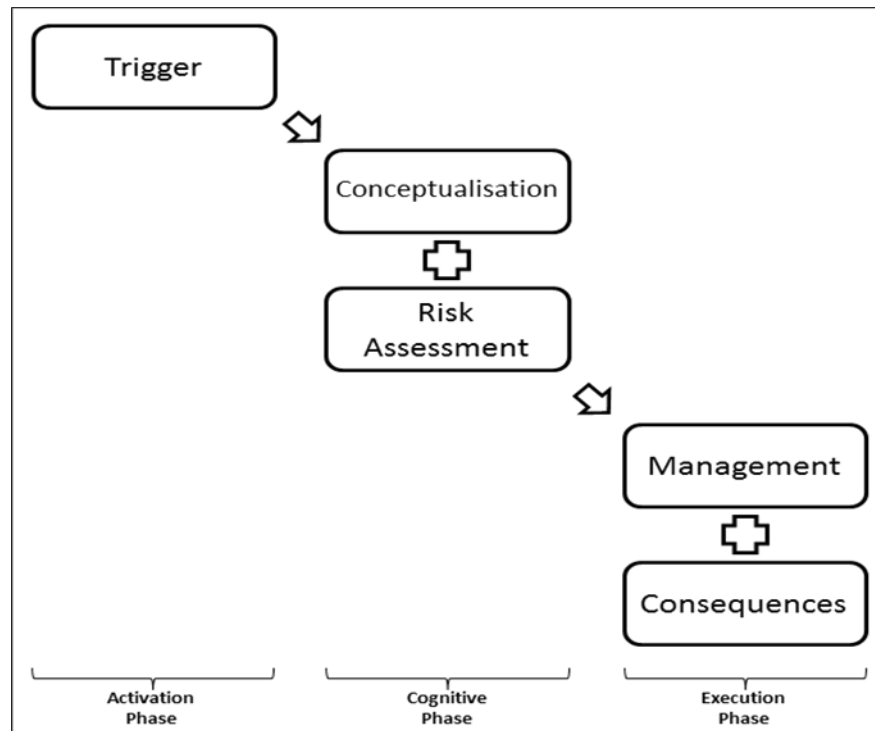


Figure 1. The three phase model that outlines participants' experiences of client threats.

In terms of this model, psychologists appear to engage in three distinct stages when processing a potential client threat; the first of these is the Activation Phase which involves the triggering of the client threat experience. The second is the Cognitive Phase in which psychologists combine this triggering observation with their knowledge, experience, and attributions to form a perception regarding the type of potential client threat being experienced. This leads the psychologists to perform a multifaceted risk assessment of the circumstances. The third and final stage is the Execution Phase which incorporates the management and consequences of client threats.

The Activation Phase commences when psychologists observe a trigger which can be physical (for example, slamming a door, throwing an object, or producing a weapon) or verbal (for example, shouting, swearing, and making verbal threats) in nature. As demonstrated in Figure 2, these triggering client behaviours go beyond those directed towards psychologists personally, to also include behaviours directed at the participants' family or colleagues, and even inanimate objects. Psychologists may feel threatened in situations where clients, not interacting with them directly, still activate the client threat process for them. Not all of these

triggers will activate a client threat experience every time, and triggers may vary across individuals and even within individuals across circumstances.

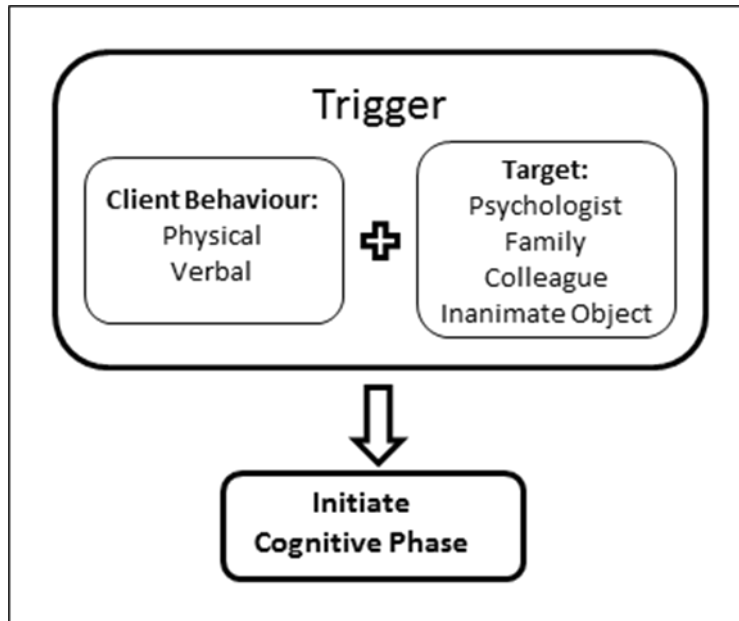


Figure 2. The Activation Phase of the client threat model.

After psychologists experience a trigger event, they appear to engage in a Cognitive Phase that involves two processes. As outlined in Figure 3, psychologists first engage in a degree of cognitive processing around the observed triggering client behaviour to develop a conceptualisation of the threat. This process involves classifying the type of client threat that is being experienced and the implications of the threat. Psychologists then engage in a multi-faceted risk assessment process involving an evaluation of: the characteristics of the risk, the psychologist's sense of efficacy in dealing with the situation, and whether this potential client threat poses a sufficient level of risk to warrant further consideration.

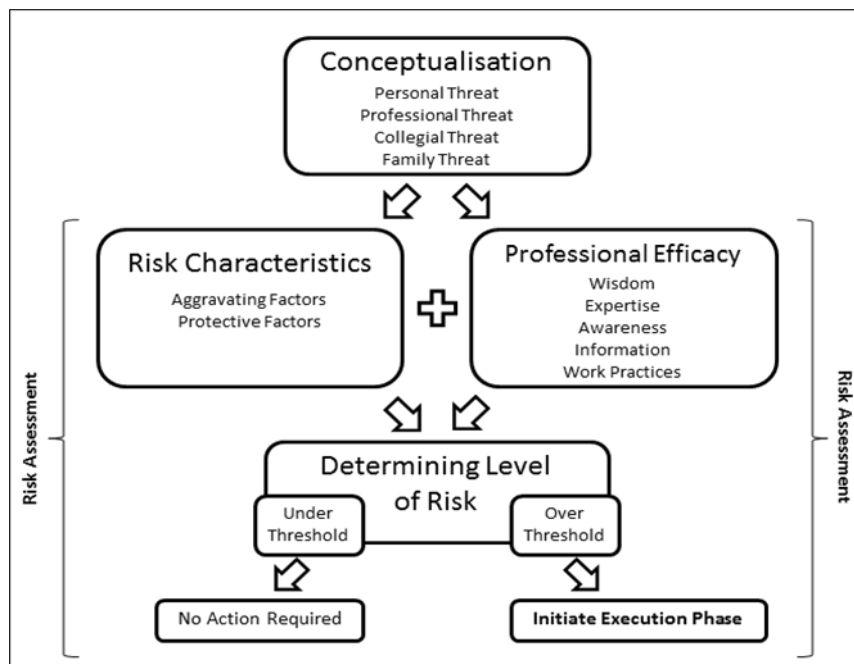


Figure 3. The Cognitive Phase of the client threat model.

Once the risk assessment has been performed, psychologists then compare this level of risk with their personal client threat threshold. This threshold is the point at which the psychologists feel threatened by the risk that is being posed and feel that it is necessary to take action. If the determined level of risk exceeds the psychologist's threshold of tolerable risk, a client threat is deemed to exist and, it appears, the execution phase of the client threat model is initiated. If the level of risk is under the psychologist's threshold then a client threat is not perceived to exist and therefore no further action is required.

Once it has been determined that action is required in response to the client threat, management resources are drawn upon by the psychologists during the threat. These resources are either aimed at controlling the psychologists' personal response, the psychologists' professional response to the client, or fulfilling a necessary procedural response. As outlined in Figure 4, the availability and efficacy of these resources are mediated by any barriers to management that are present for the psychologists. The implementation of the psychologists' available management resources appear to result in a variety of positive and/or negative consequences being experienced by the psychologists. These consequences are the outcomes of experiencing the client threat and can relate to the psychologist personally or professionally, or the organisation that they work within as a whole. If negative consequences are experienced by the psychologists, a number of management resources are then implemented that relate to either controlling the personal or professional consequences of the threat, or are procedural processes that are employed to manage the consequences.

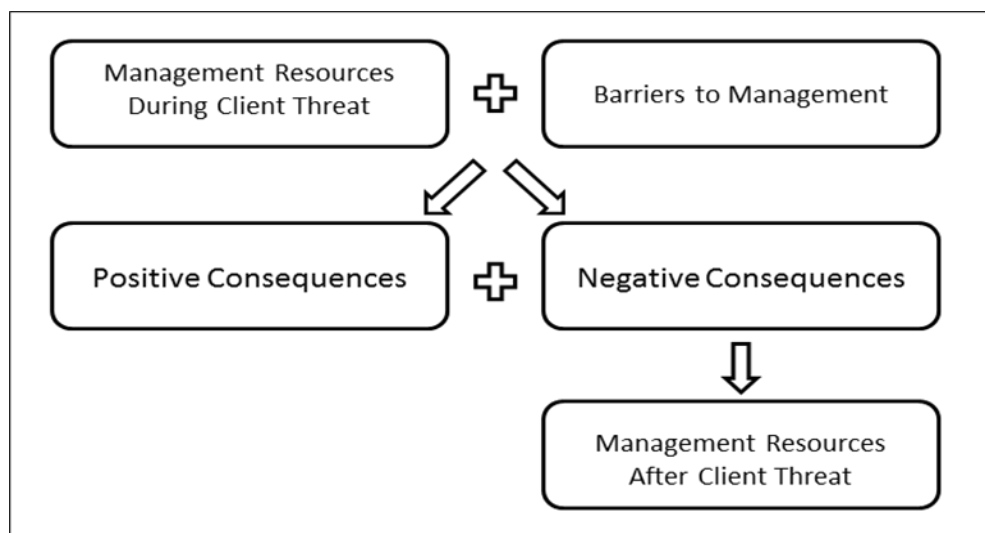


Figure 4. The Execution Phase of the client threat model.

Some threatening situations are experienced soon after the trigger and in these instances the three phases of the model are worked through in quick succession; however,

there are also more drawn out experiences of client threat which result in the progression through this model being slowed and occurring over an extended period.

Appendix J

Stage Two – Email of Invitation

SUBJECT: Panel of Experts for Client Threat Research

Dear _(name)_,

I am writing to ask for your participation in my PhD research that explores psychologists' experiences and perceptions of client threats. The purpose of my study is to develop a theory that outlines the processes surrounding these client threat experiences.

The first stage of my research involved interviewing 45 registered Australian psychologists to gain an in-depth understanding of their experiences and perceptions of client threats. From these interviews, I developed a preliminary client threat theory that outlines how psychologists experience client threats. The second stage, for which I am seeking your participation, will involve a panel of experts that will assist me in refining and validating this theory.

I am approaching you to be a member of this panel due to your expertise in the area of _(area of expertise)_. I believe that your expertise will provide valuable input into the refinement of this preliminary client threat theory. As I would like to add more members to the panel I would greatly appreciate it if you could provide the names of any colleagues who you believe would be competent and willing to provide their expert opinion as a panel member.

At this stage I intend for the panel of experts to begin the process of providing feedback on the theory from the 7th of May 2012. I have attached an information sheet that provides a more detailed outline what will be involved if you choose to participate in the research. Please look over this document at your convenience and contact me with any questions that you may have. If you are able to contribute to the research as a panel member, please complete the attached consent form and return it to the researcher via email (p.hyde@ecu.edu.au).

I would like to take this opportunity to thank you in advance for your consideration of this invitation.

Kind Regards,

Penny Hyde

PhD Candidate
School of Psychology and Social Sciences
Edith Cowan University
270 Joondalup Drive
Joondalup, 6027
Email: p.hyde@ecu.edu.au

Appendix K

Stage Two – Information Letter

Contributor Information Letter

Edith Cowan University
School of Psychology and Social Science



Refining a Theory that Exemplifies Australian Psychologists' Experiences of Client Threats

I am writing to extend an invitation for you to contribute to my PhD research as a member of a 'panel of experts'. The purpose of this research is to explore client threats as experienced by Australian psychologists working in a range of settings. More specifically, this stage of the research is focused on the refinement of a theory of client threats that has been developed through the qualitative interviewing of forty five Australian psychologists. This research project is being undertaken as part of a Doctor of Philosophy (Psychology) course at Edith Cowan University.

The panel of experts will be convened via a web-based modified version of the Delphi method. The Delphi method is a tool for eliciting and refining group judgement to establish expert agreement on a particular research question. The research question being explored in this research is:

*Does the preliminary theory of client threats accurately and completely represent psychologist's experiences of client threats?
If not, what changes need to be made so that it does?*

All correspondence throughout the Delphi process will be via email and web-based questionnaires. Your participation on the panel will be confidential as all correspondence will be directly between yourself and the researcher. The methodology would involve you being emailed with a brief document outlining the preliminary client threat theory developed from the first stage of the research, along with a questionnaire consisting of open ended questions to illicit your initial impressions of the theory.

The responses of each panel member to this initial questionnaire will be collected and collated by the researcher and a summary of the resulting proposed changes to the theory will be sent to each panel member and further comment will be invited. This process will continue until the panel has no further suggestions for the theory's refinement. The process will conclude with a final questionnaire asking you to rate your agreement with the refined client threat theory.

It is anticipated that the process will begin the week beginning the 7th of May 2012. It is not possible to estimate the length of the process, as this will be dependent on the number of rounds that are required before there is agreement on the content and presentation of the theory. For each Delphi round, panel members will be given two weeks to respond to the questionnaire that is sent before the received comments are collated and a summary sent out.

It is not anticipated that there will be any potential risks associated with participating in this research and you are free to withdraw your consent to participate on the panel of experts.

Please be aware that the results of this research will be published in a research report that will be submitted to the University for assessment. There is also a potential for the research to be published in relevant research journals. You will be given the choice to either be acknowledged as a panel member in the thesis that this research will be published in, or remain anonymous. Please consider this before accepting the offer to contribute to the research and if you have any worries concerning this please contact the researcher.

If you would be willing to contribute to the further development and refinement of a Client Threat Theory through your participation as a panel member, please complete the attached consent form and return it via email to the researcher at p.hyde@ecu.edu.au.

If you have any questions, please feel free to ask. If you have any questions later, or require any further information about the research project, please contact:

Researcher

Penny Hyde
School of Psychology and Social Science
Edith Cowan University
p.hyde@ecu.edu.au
0438 988 915

Supervisor

Alfred Allan
School of Psychology and Social Science
Edith Cowan University
a.allan@ecu.edu.au
(08) 6304 5536

If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact:

Research Ethics Officer

Edith Cowan University
(08) 6304 2170
research.ethics@ecu.edu.au

I thank you for your time and hope to hear from you soon.

Warm Regards,

Penny Hyde

PhD Candidate
School of Psychology and Social Science
Edith Cowan University
270 Joondalup Drive
Joondalup WA 6027
Phone: 0438 988 915
Email: p.hyde@ecu.edu.au

Appendix L
Stage Two – Consent Form

Contributor Consent Form
Panel of Experts
Edith Cowan University
School of Psychology and Social Science



**Refining a Theory that Exemplifies Australian Psychologists'
Experiences of Client Threats**

Please read the Contributor Information Letter carefully before signing this consent form.

By signing this consent form you are confirming that you:

- have been provided with a copy of the Information Letter, explaining the research study
- have read and understood the information provided
- have been given the opportunity to ask questions and has had any questions answered to your satisfaction
- are aware that if you have any additional questions you can contact the research team
- understand that the information provided will be kept confidential, and that your identity will not be published
- understand that the information provided will only be used for the purposes of this research project
- understand that you are free to withdraw from further participation at any time, without explanation or penalty
- freely agree to participate in the research

I _____ have read the information above and have been informed about all aspects of the above research project. Any questions I have asked have been answered to my satisfaction.

I agree to contribute to this research by being a member of a 'panel of experts' and realise that I may withdraw at any time. I agree that the research data gathered for this study may be published.

Contributor's Signature: _____ Date: _____

If you have any questions, please feel free to ask. If you have any questions later, or require any further information about the research project, please contact:

Researcher
Penny Hyde

School of Psychology and Social Science
Science
Edith Cowan University
p.hyde@ecu.edu.au
0438 988 915

Supervisor
Professor Alfred Allan

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Appendix M

Preliminary Client Threat Theory Document

Psychologist's Perceptions and Experiences of Client Threats:

Preliminary Client Threat Theory

Penny Hyde

Alfred Allan

Ricks Allan

Edith Cowan University

The Theory of Client Threat

Forty five semi-structured qualitative interviews were conducted with Australian psychologists to gain an understanding of how they perceive and experience client threats. An analysis of the data obtained from these interviews revealed that psychologists' perceptions of client threats are complex. The data were used to develop a theory that is set out in Figure 1.

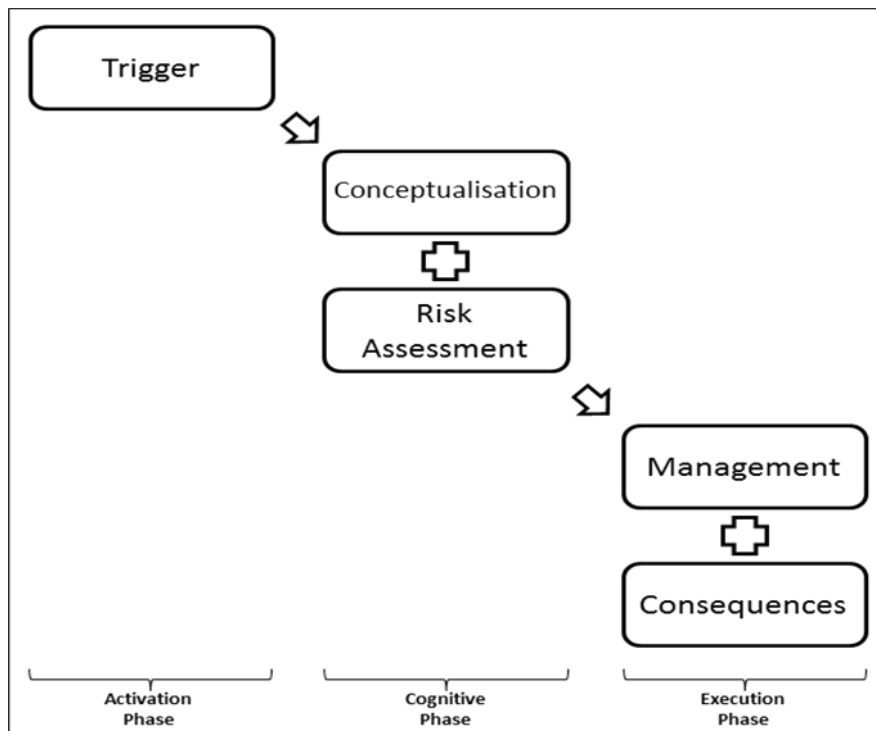


Figure 1. The three phase theory that outlines participants' experiences of client threats.

In terms of this theory, psychologists appear to engage in three distinct stages when processing a potential client threat; the first of these is the Activation Phase which involves the triggering of the client threat experience. The second is the Cognitive Phase in which psychologists combine this triggering observation with their knowledge, experience, and attributions to form a perception regarding the type of potential client threat being experienced. This leads the psychologists to perform a multifaceted risk assessment of the circumstances. The third and final stage is the Execution Phase which incorporates the management and consequences of client threats.

The Activation Phase commences when psychologists observe a trigger which can be physical (for example, slamming a door, throwing an object, or producing a weapon) or verbal (for example, shouting, swearing, and making verbal threats) in nature. As demonstrated in Figure 2, these triggering client behaviours go beyond those directed towards psychologists personally, to also include behaviours directed at the participants' family or colleagues, and even inanimate objects. Psychologists may feel threatened in situations where clients, not interacting with them directly, still activate the client threat process for them. Not all of these

triggers will activate a client threat experience every time, and triggers may vary across individuals and even within individuals across circumstances.

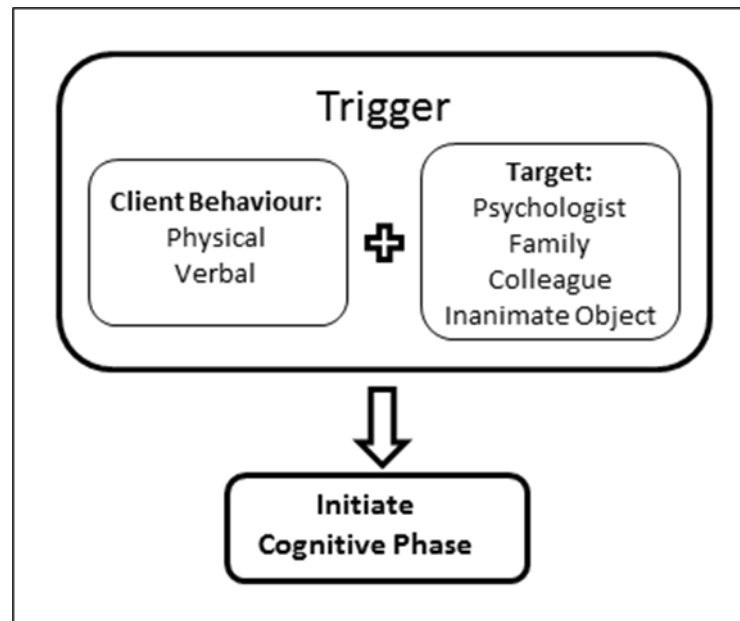


Figure 2. The Activation Phase of the client threat theory.

After psychologists experience a trigger event, they appear to engage in a Cognitive Phase that involves two processes. As outlined in Figure 3, psychologists first engage in a degree of cognitive processing around the observed triggering client behaviour to develop a conceptualisation of the threat. This process involves classifying the type of client threat that is being experienced and the implications of the threat. Psychologists then engage in a multi-faceted risk assessment process involving an evaluation of: the characteristics of the risk; the psychologist's sense of efficacy in dealing with the situation; and whether this potential client threat poses a sufficient level of risk to warrant further consideration.

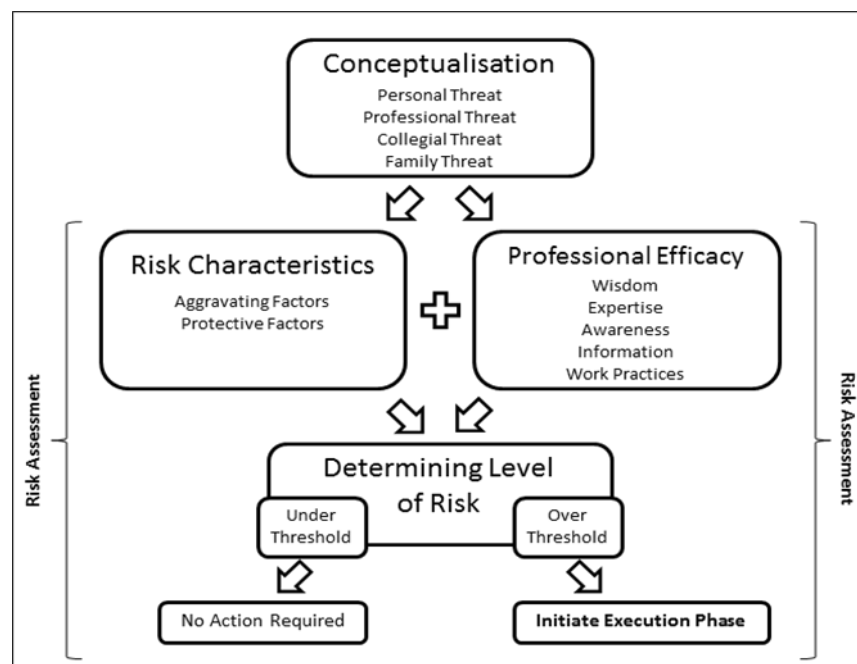


Figure 3. The Cognitive Phase of the client threat theory.

Once the risk assessment has been performed, psychologists then compare this level of risk with their personal client threat threshold. This threshold is the point at which the psychologists feel threatened by the risk that is being posed and feel that it is necessary to take action. If the determined level of risk exceeds the psychologists' threshold of tolerable risk, a client threat is deemed to exist and, it appears, the execution phase of the client threat theory is initiated. If the level of risk is under the psychologists' threshold then a client threat is not perceived to exist and therefore no further action is required.

Once it has been determined that action is required in response to the client threat, management resources are drawn upon by the psychologists during the threat. These resources are either aimed at controlling the psychologists' personal response, the psychologists' professional response to the client, or fulfilling a necessary procedural response. As outlined in Figure 4, the availability and efficacy of these resources are mediated by any barriers to management that are present for the psychologists. The implementation of the psychologists' available management resources appear to result in a variety of positive and/or negative consequences being experienced by the psychologists. These consequences are the outcomes of experiencing the client threat and can relate to psychologists personally or professionally, or the organisations that they work within as a whole. If negative consequences are experienced by the psychologists, a number of management resources are then implemented that relate to either controlling the personal or professional consequences of the threat, or procedural processes that are employed to manage the consequences.

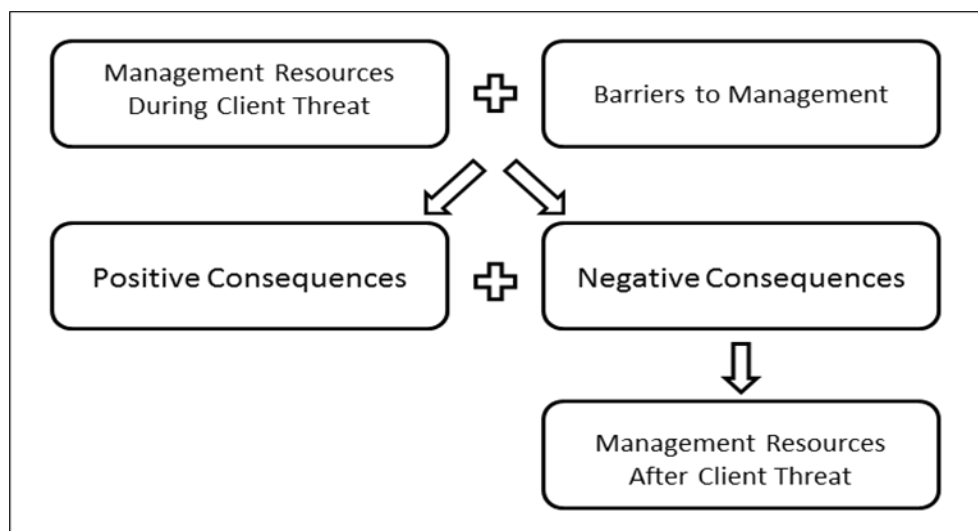


Figure 4. The Execution Phase of the client threat theory.

Some threatening situations are experienced soon after the trigger and in these instances the three phases of the theory are worked through in quick succession; however,

there are also more drawn out experiences of client threat which result in the progression through the phases of this theory being slowed and occurring over an extended period.

Appendix N

Initial Delphi Questionnaire

Initial Delphi Questionnaire

Revision of the Preliminary Client Threat Theory



Initial Instructions:

This questionnaire relates to the *Preliminary Client Threat Theory* that is outlined in an attached document. Its completion requires that you have read this document and have an understanding of the preliminary theory of client threats that is outlined within it. If you require a copy of this document, or have any questions about the theory, please contact the researcher before completing this questionnaire:

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The questionnaire consists of a number of open ended questions that are designed to illicit your initial impressions of the preliminary theory. You are invited to comment on different aspects of the theory in any amount of detail you feel is appropriate. The feedback that you provide will be used to amend the preliminary theory (where appropriate) and generate additional questions that will be sent to you with an invitation for further comment.

1. **How well does the preliminary theory of client threats represent psychologists' experiences of client threats and on what do you base your conclusion?**

2. **What changes need to be made to the preliminary theory of client threats so that it more accurately represent psychologists' experiences of client threats and why?**

3. **How does this theory compare with your experience(s) and/or knowledge of client threats?**

4. **Are there any other comments that you would like to make or aspects of the theory that you would like clarified at this point in the theory refinement process?**

Appendix O

Summary of Changes from Round One Feedback

Psychologist's Perceptions and Experiences of Client Threats: The Evolving Client Threat Theory Panel of Experts Feedback - Round One

Penny Hyde
Alfred Allan
Ricks Allan

Edith Cowan University

An Outline of the Modified Client Threat Theory

This document provides an outline of the changes made to the preliminary client threat theory following the first round of feedback received from the convened panel of experts. A client threat includes any situation in which a psychologist perceives that their wellbeing is at risk as a direct result of a client's action or inaction. For a review of the preliminary client threat model the document has been provided as an email attachment.

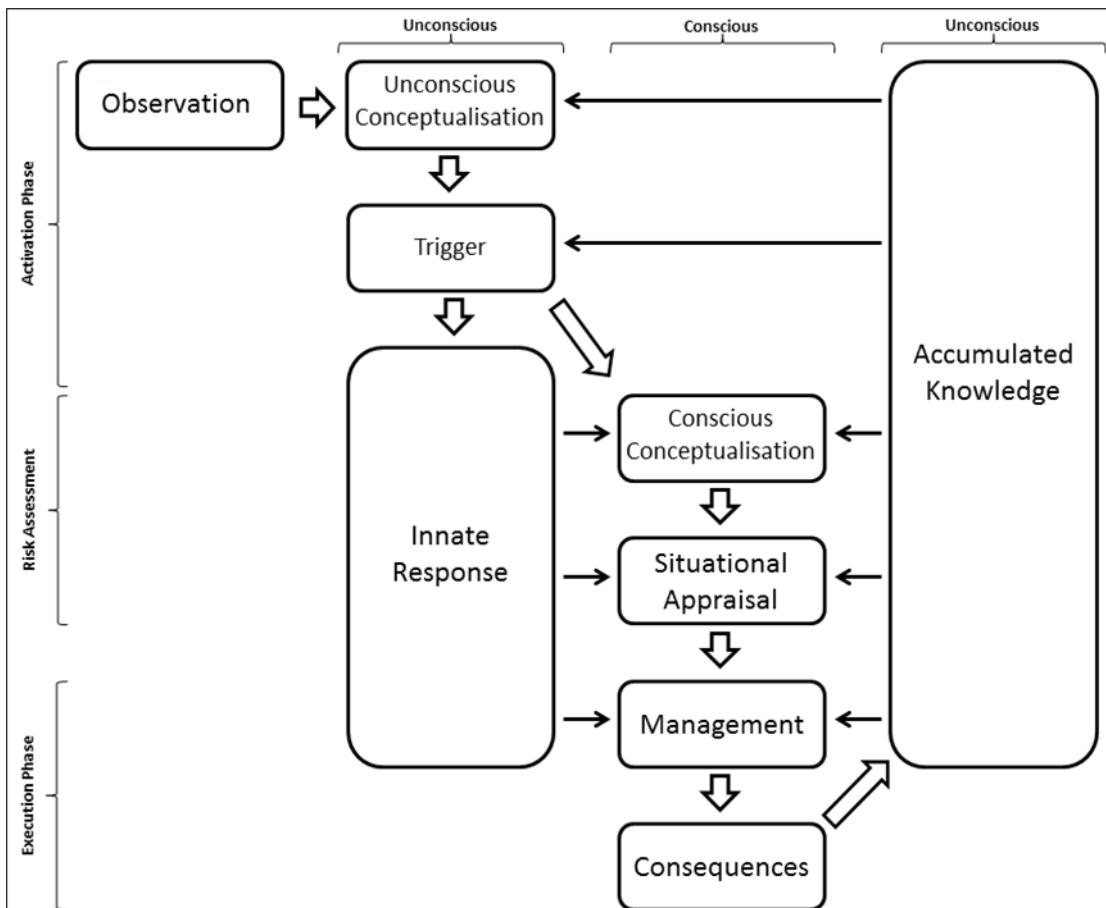


Figure 1. The three phase theory that outlines participants' experiences of client threats.

As outlined in figure 1, the theory has maintained its three phases, however, components have been added within these phases. The additions and alterations that have been made to the theory have been highlighted in red in each of the figures below.

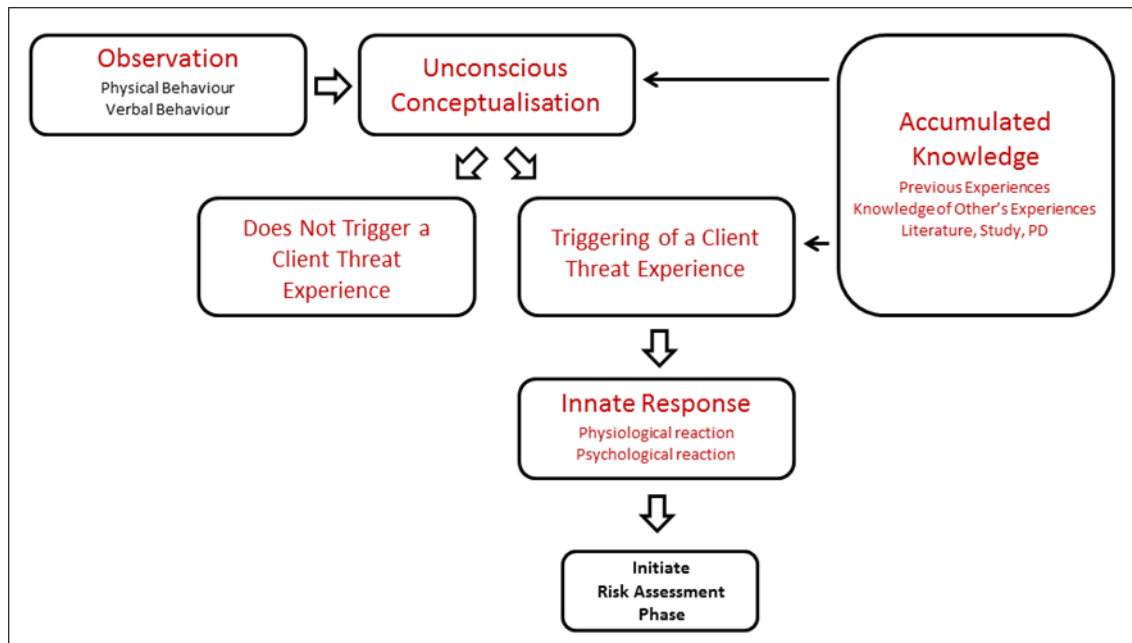


Figure 2. The activation phase of the client threat theory.

The activation phase continues to outline the initial process that occurs during a client threat experience. As outlined in figure 2, the process begins with the psychologist observing the client undertaking a physical or verbal behaviour. This observation prompts an unconscious conceptualisation of the threat from which it is determined whether a client threat experience is triggered. A psychologist's accumulated knowledge regarding threats feeds into the psychologist's unconscious conceptualisation of whether a client threat experience will be triggered and is an accrual of information from previous experiences, other's experiences, the literature, formal study, and from courses attended. If a client threat experience is triggered, the psychologist will experience an innate response to the threat that may be experienced as either a physiological or psychological reaction. The nature and intensity of this innate response will be dependent on a number of factors that are evaluated during the unconscious conceptualisation process. After an innate response has been triggered in the psychologist, the risk assessment phase of the theory is initiated.

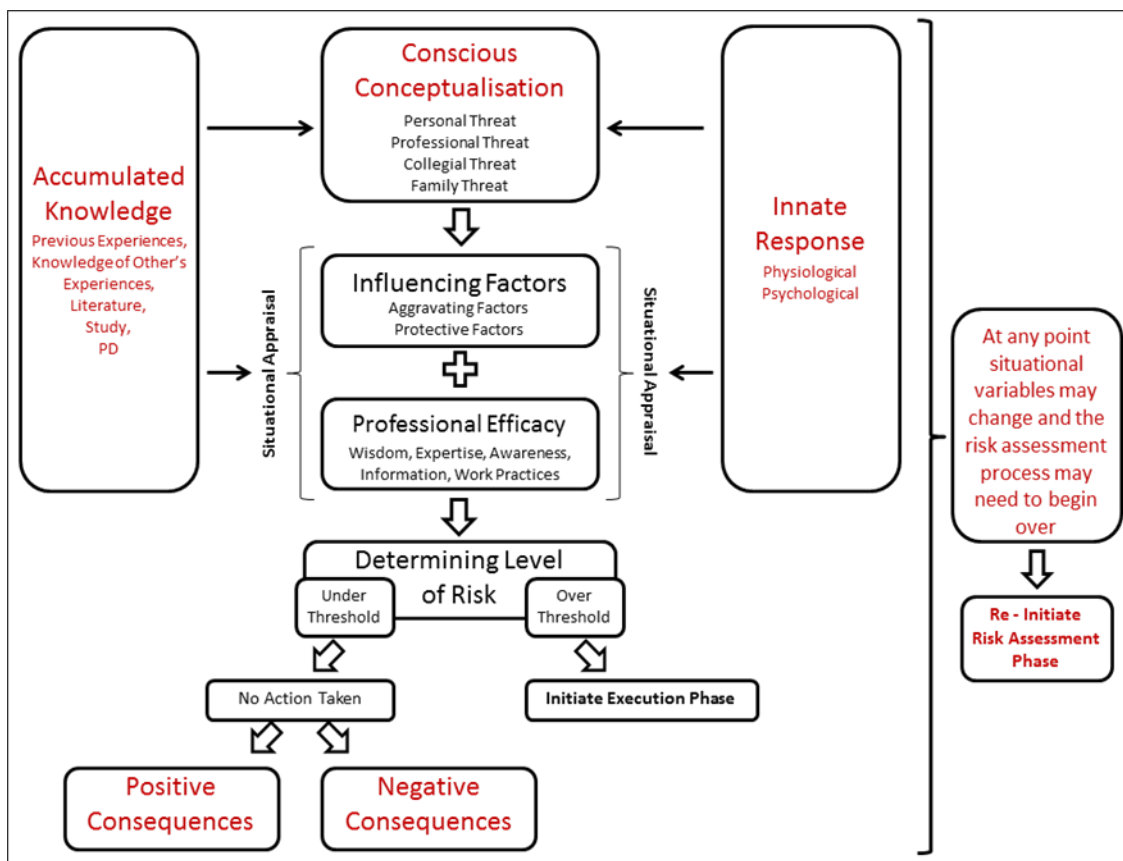


Figure 3. The risk assessment phase of the client threat theory.

The cognitive phase of the theory has now been renamed the risk assessment phase as there are clearly cognitive processes occurring during all phases of the client threat theory. As outlined in figure 3, the risk assessment phase begins with the psychologist undertaking a conscious conceptualisation of the circumstances being experienced. This conscious conceptualisation involves the psychologist determining the type of threat that is being experienced, along with the perceived target of the behaviour. In a situational appraisal, the psychologist then considers the influencing factors and their professional efficacy in relation to the client threat they are experiencing. Following the situational appraisal, the psychologist considers where on a continuum of threat their current experience lies. A number of variables will determine where the psychologist's current threshold for acceptable level of risk falls, this threshold will fluctuate for each new set of circumstances. If the level of risk posed by the current client threat is over the psychologist's threshold, action is deemed necessary by the psychologist and therefore the execution phase of the theory is initiated. If the determined level of risk is under the psychologist's threshold, action is not taken by the psychologist. It should be noted that the psychologist determining that they perceive no action is required does not mean that a threat does not exist, in fact not taking action can result in its own positive and/or negative consequences.

The flowchart illustrates the Risk Assessment Process, showing the flow from knowledge and response to the final outcome and feedback loop.

```

graph TD
    AK[Accumulated Knowledge  
Previous Experiences,  
Knowledge of Other's  
Experiences,  
Literature,  
Study,  
PD] --> CTR[Client Threat Management Resources]
    AK --> IMS[Implement Management Strategy]
    AK --> AES[Assess Effectiveness of the Management Strategy]
    AK --> CO[Achieved Objective]
    AK --> CU[Objective Unachieved]
    
    BR[Barriers to Management] --> CTR
    BR --> IMS
    BR --> AES
    
    IR[Innate Response  
Physiological  
Psychological] --> IMS
    IR --> AES
    
    CTR --> IMS
    BR --> IMS
    
    IMS --> AES
    
    AES --> CO
    AES --> CU
    
    CO --> PC[Positive Consequences]
    CU --> NC[Negative Consequences]
    
    PC --> CMR[Consequence Management Resources]
    NC --> CMR
    
    CMR --> RIEP[Re-Initiate Execution Phase]
    RIEP --> IR
    
    RIEP --> RIRAP[Re - Initiate Risk Assessment Phase]
    RIRAP --> AES
    
    subgraph Feedback
        RIRAP --> AK
    end
  
```

Accumulated Knowledge
Previous Experiences, Knowledge of Other's Experiences, Literature, Study, PD

Client Threat Management Resources

Barriers to Management

Innate Response
Physiological Psychological

Implement Management Strategy

Assess Effectiveness of the Management Strategy

Achieved Objective

Objective Unachieved

Positive Consequences

Negative Consequences

Consequence Management Resources

Re-Initiate Execution Phase

Re - Initiate Risk Assessment Phase

At any point situational variables may change and the risk assessment process may need to begin over

The execution phase of the client threat theory is outlined in figure 4, and begins with the psychologist planning the management strategy that they perceive will lead to their objective of reducing the level of risk that the client poses. During this planning the psychologist considers the management resources that are available to them and any barriers that will hinder the implementation or effectiveness of these management strategies. The psychologist then implements the conceived management strategy. These management actions are evaluated by the psychologist in regards to their effectiveness in reducing the level of risk. If the objective of reducing this risk is not achieved, the execution phase is re-initiated and an alternative management strategy is developed. If, however, the level of risk is reduced to a level that is acceptable to the psychologist, the theory progresses and the psychologist experiences the consequences of their client threat experience. Both positive and negative consequences can be experienced by the psychologist and can begin to be managed through the implementation of available resources. The outcomes of managing the client threat

situation and the subsequent consequences experienced feed back into the psychologist's accumulated knowledge as they learn from the client threat process that they have just experienced.

The management components of the execution phase will be influenced by both the psychologist's accumulated knowledge and innate response to the client threat being experienced. Also, at any point during the execution phase of the theory, situational variables may change that require the risk assessment phase to be re-initiated so that they can be taken into consideration

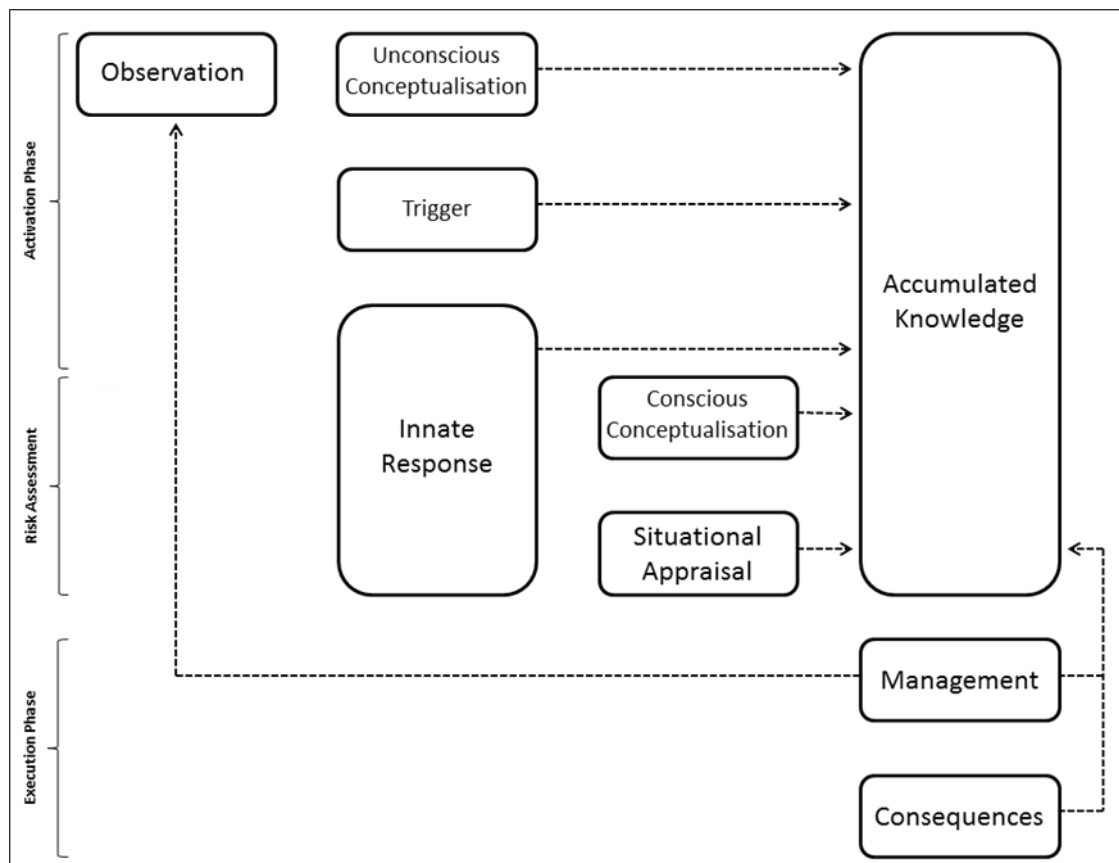


Figure 5. The feedback loop that occurs within the three phase theory of client threats.

One panel member outlined, and others alluded to, the need for a feedback loop between the components of the client threat theory. Little direction was given by panel members as to which components these feedback processes may occur between. Therefore the researcher has suggested the feedback loops illustrated in figure 5. The psychologist's accumulated knowledge includes what they learn as they progress through their current client threat experience. The psychologist's accumulated knowledge can be updated instantaneously to include what has just been learnt from the unconscious conceptualisation of the current threat, what triggered it, what innate response was experienced, the conscious conceptualisation of it, the situational appraisal of it, the management of it and how effective

each implemented management strategy was, and finally the consequences experienced from the client threat.

Your comment on the appropriateness of these feedback loops would be greatly appreciated when you complete the attached second questionnaire.

One panel member suggested that the consequences of acting on the perception of a client threat can lead to new threat perceptions being activated. Regardless of a positive or negative outcome in the execution phase, the consequences of acting can themselves invoke a new perception of threat. This may come from the same client or from other parties, for example colleagues or management. In response to this feedback, a feedback loop has been added from the management components of the theory up to the observation component through which a new client threat process may be initiated.

An Outline of the Changes to the Modified Client Threat Theory

Changes to the Activation Phase:

There were five changes made to the activation phase of the client threat theory as a result of feedback from panel members.

Observation

It was suggested that the wording regarding the triggering of a client threat should be changed to highlight the fact that it is a perception. When considering this it became apparent that an observation becoming a trigger required a level of cognitive processing and therefore the observation of a client behaviour was a separate component in the client threat theory to the triggering of a client threat experience. Subsequently, the theory now begins with simply the observation of a physical or verbal client behaviour.

Unconscious Conceptualisation

Following on from the modification made with the observation component of the theory, it was evident that after the observation of a client behaviour some level of cognitive processing occurred to determine whether a client threat was being experienced.

A panel member suggested that there may be instances where a psychologist may observe a potentially threatening client behaviour but then ignore or deny it so that it is not even internally acknowledged by the psychologist as a client threat. This could happen so quickly that a mild sense of unease is felt but gone before the label 'threat' has been applied. The panel member went on to suggest that if this was the case there would need to be an earlier pathway in the theory where a client threat is internally acknowledged before the rest of the process can continue.

This feedback implies that an unconscious cognitive process occurs by which the psychologist, with reference to their accumulated knowledge, decides the merits of the observed behaviour with regards to whether it is worth internally acknowledging as a threat.

Trigger

The unconscious conceptualisation component of the theory leads to two possible pathways at this stage of the client threat process. If the psychologist internally acknowledges the presence of a client threat, the client threat process will be triggered. At this point the observed client behaviour are considered a client threat and the client threat process is activated to determine if any action is perceived to be required. Characteristics of the threat such as the target of the client's behaviour is considered at this point of the process. If for some reason the psychologist does not acknowledge the observed client behaviour as a potential client threat then the process is short circuited. It should be noted that the psychologist dismissing a client behaviour at this point does not mean that a client threat is not present, just that they themselves do not perceive the behaviour to be threatening.

Innate Response

A number of panel members suggested that the role of the psychologist's innate response (particularly their emotional reaction) to experiencing a client threat was not sufficiently covered by the theory. This additional component now accounts for the impact that the psychologist's physiological and psychological reactions to the triggering of a client threat experience has on the psychologist's perceptions and reactions in subsequent stages of the threat process. As figure 1 demonstrates, this innate response may influence the psychologist's conscious conceptualisation of the client threat, situational appraisal of the current circumstances, or management of the situation. A psychologist's innate response will vary throughout the client threat process in response to perceived changes in the circumstances.

Accumulated Knowledge

One panel member raised the issue of the cumulative effect of experiencing similar client threats over time. These similar experiences will inform the psychologist of the likely progression and outcome of the latest client threat experience. This concept of an accumulated knowledge has been added as a component of the client threat process and accounts for the influence that other unrelated threat experiences (i.e. how they initiated, the influential factors, how they were managed, what the consequences were), stories that have been heard of other's threat experiences, as well as any specific threat knowledge that has been gained from literature or training have on the client threat process. In this way, the psychologist's accumulative knowledge will influence the risk assessment process by providing them with a basis on which to form their perceptions and decisions.

As illustrated in figure 1, a psychologist's accumulated knowledge will influence a number of components of the client threat theory. These being, how the client threat is unconsciously conceptualised by the psychologist, what will trigger a client threat experience, how the client threat is consciously conceptualised, how the client threat situation is appraised, and how the client threat is subsequently managed.

Changes to the Risk Assessment Phase:

The feedback from the panel of experts also resulted in five changes being made to the re-named risk assessment phase of the client threat theory.

Conscious Conceptualisation

This component of the client threat theory was previously named *conceptualisation*. The component has been renamed to *conscious conceptualisation* to distinguish it from the new *unconscious conceptualisation* component that has been added to the activation phase of the theory. During this component of the theory, the psychologist undertakes a deliberate cognitive process through which they determine the type of threat that they are currently experiencing.

Consequences

It was pointed out by a panel member that even if a psychologist decides not to take action regarding a client threat, there may still be consequences for the psychologist from experiencing the threat. These consequences would be the same as those outlined in the execution phase of the theory.

Accumulated Knowledge

See outline provided in activation phase.

Innate Response

See outline provided in activation phase.

Re-Initiate Risk Assessment Phase

It was suggested by panel members that as a client threat situation progresses, circumstances change and therefore the situation will have to be re-assessed to factor in these changes. A psychologist may cycle through this client threat process several times for any one threat. This is because the conclusions reached in any of the phases, particularly the risk assessment and execution phases, may not be accurate or effectively resolve the situation. To address this the theory now allows for the risk assessment phase to start over at any point during the process as changes in the situation occur.

Changes to the Execution Phase:

Finally, there were also four changes made to the execution phase of the client threat theory as a result of feedback from panel members.

Assessment of Effectiveness

Another suggestion that came from the feedback was that psychologists undertake an assessment of the effectiveness of the management strategy that they implement in response to a client threat. To include this effectiveness assessment in the theory, it needed to more clearly delineate the actual implementation of a strategy. As evident in figure 4, it made sense to highlight that an appraisal of the available management resources and the applicable barriers is carried out prior to a management strategy being chosen and implemented. An assessment of the effectiveness of this implemented strategy is then undertaken and if the desired objective is achieved the psychologist progresses on through the client threat process. If the implementation of the chosen management strategy does not achieve the desired objective, the execution phase is re-initiated and other available management strategies are considered.

Re-Initiate Cognitive Phase

As in the cognitive phase, the activation phase also needed to account for changes in the circumstances of the client threat situation requiring a re-assessment to factor in these changes. At any point during the activation phase, if situational variables change, the cognitive phase of the process is re-activated and these changes are factored in to the risk assessment and subsequent decisions.

Accumulated Knowledge

See outline provided in activation phase.

Innate Response

See outline provided in activation phase.

Appendix P
Second Delphi Questionnaire

Second Delphi Questionnaire
Revision of the Client Threat Theory



Initial Instructions:

This questionnaire relates to the *Round One Feedback* that is outlined in an attached document. Its completion requires that you have read this document and have an understanding of the changes to the preliminary theory of client threats that are outlined within it. If you require a copy of this document, or have any questions, please contact the researcher before completing this questionnaire:

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The questionnaire consists of a number of open ended questions that are designed to illicit your opinion regarding the changes made to the preliminary theory. You are invited to comment in any amount of detail you feel is appropriate.

Activation Phase:

In the activation phase of the theory a number of changes were made (please refer to accompanying *Panel of Expert Feedback - Round One* document). With these changes in mind, please answer the following questions.

How do these changes fit with your understanding of how *client threats* are experienced?

Are there any further changes that you think need to be made to the activation phase of the *client threat theory*?

Risk Assessment Phase:

In the risk assessment phase of the theory a number of changes were made (please refer to accompanying *Panel of Expert Feedback - Round One* document). With these changes in mind, please answer the following questions.

How do these changes fit with your understanding of how *client threats* are experienced?

Are there any further changes that you think need to be made to the cognitive phase of the *client threat theory*?

Execution Phase:

In the execution phase of the theory a number of changes were made (please refer to accompanying *Panel of Expert Feedback - Round One* document). With these changes in mind, please answer the following questions.

How do these changes fit with your understanding of how *client threats* are experienced?

Are there any further changes that you think need to be made to the execution phase of the *client threat theory*?

Feedback Loop:

Feedback loops have been added into the theory to show how the different components of the theory interact throughout the client threat process.

How do these feedback loops fit with your understanding of how client threats are experienced?

Are there any further changes that you think need to be made to the theory in regards to this feedback process?

Other Feedback Gained From Panel Members:

Below is a table outlining some of the feedback gained from panel members and the researcher's response to this feedback.

ISSUE RAISED	RESPONSE
Having only physical and verbal triggering client behaviours suggests that only physical and verbal client threats can be experienced.	It is agreed that there are many different types of client threats experienced (see conceptualisation table in attached themes document) by psychologists. However, it is suggested that all of these different types of threats can be pinpointed back to a specific triggering physical or verbal behaviour. For example a financial threat may be experienced when a bill is not paid, however, it was the client's physical behaviour

	<p>(or in this case lack of) of not paying the bill that triggered the threat. It is not until the cognitive component of the situation is added that it is actually conceptualised as a financial threat.</p> <p>Please provide comment on this in the question 9 below.</p>
How does this theory deal with the presence of multiple threats at once?	The presence of multiple threats is not accounted for in this theory. At this stage of the theory's development it seems appropriate to work with a single threat before exploring the complexities added by the presence of multiple client threats. Also the data from which this theory has been developed only dealt with single occurrences of threat.
How does this theory deal with threats that are not perceived until too late, that is the threat is already in action?	No matter how far along a situation has progressed before a psychologist realises that they are in a threatening situation, there is still a triggering observation that makes them aware of this threat. In some cases this observation may come early in the situation and this means that a thorough and considered risk assessment can take place and preventative measures put in place. In other cases this observation may come later in the situation and therefore the risk assessment must be performed quickly and management strategy will be more reactive in nature.
More consideration needs to be given to an organisation's influence on the client threat process.	Looking at the themes that came out of Stage One (see 'influential factors' and 'consequences' in attached themes document) will hopefully give you an idea of how organisational influences are considered within this theory.
Progression through the process may be out of sequence. For instance, a psychologist may go from activation to execution and only later, usually when the consequence are not as desired, engage in the cognitive phase.	The researcher contends that, while parts of this process may be repeated, the process will not occur out of sequence. To progress from activation to execution, some form of risk assessment process must occur. It may be that it is not a very considered assessment, but some level assessment would be undertaken in deciding that a management strategy is even necessary.
The cognitive and activation phases of the client threat theory can happen within the therapeutic process and the client threat experience can be used as a therapeutic tool. A panel member suggested that in most cases where a client threat is experienced in a session, their risk assessment does not go beyond that which they would usually carry out in a session and they do not employ	It makes sense that this client threat theory will occur within the context of the type of work that the psychologist carries out. For psychologists who work therapeutically with clients, it may be that the risk assessment and activation phases of the process are carried out along side or are integrated with their usual therapeutic practices. However, it still remains that these phases occur during the

management strategies that are beyond their usual therapeutic tools.	experiencing of a client threat. The use of the client threat experience as a therapeutic tool is a management strategy that was outline by participants in the first stage of the research (see attached themes document). There were also a number of other therapeutic tools that were outlined as strategies that can be employed to manage a client threat.
It is not accurate that that if the level of risk is under the psychologist's threshold then a client threat is not perceived to exist and no further action is required. An example was given where a psychologists do not take action against a threat and they were consequently murdered by a client.	It is agreed that the level of risk not meeting the psychologist's threshold does not mean that a real threat does not exist. The wording around the threshold has been changed to be clear that if the risk is under the psychologist's threshold this means that the psychologist chooses not to take action and does not mean that the threat objectively does or does not exist. Additionally, the theory has been altered to account for there being consequences to a theory even when no action is taken by the psychologist.
<p>There are cumulative effects of experiencing similar threats over time and this may influence an individual's client threat threshold.</p> <p>The organisation in which a psychologist works will have their own threshold for when a client threat needs to be acted on.</p>	There are a number of factors that will influence where an individual's threshold is on the continuum. The cumulative effects of experiencing similar threats will influence this and for each client threat incident the psychologist's threshold may vary considerably. The organisation in which a psychologist works, particularly its policies and standard practices, will also have an influence on where the psychologist's threshold lies on the continuum. While in theory the organisation has its own threshold clearly outlined in policies, these are interpreted and implemented by the psychologists themselves. The organisation cannot intervene in a threatening situation unless it is informed by the psychologist in the first place that the threat exists. Therefore the organisation does not have its own threshold, but may influence where the individual's threshold lies.

Do you have any comments in regards to the issues raised or the responses provided above?

Are there any other comments that you would like to make or aspects of the theory that you would like clarified at this point in the theory refinement process?

Appendix Q

Summary of Changes from Round Two Feedback

Psychologist's Perceptions and Experiences of Client Threats:

The Modified Client Threat Theory

Penny Hyde

Alfred Allan

Ricks Allan

Edith Cowan University

The Modified Client Threat Theory

The modified client threat theory has been developed from the preliminary client threat theory of the first stage of this research using feedback gained from a panel of experts. This expert panel reviewed the preliminary theory and, over three rounds of feedback, suggested changes and additions to the preliminary theory to ensure that it accurately depicts psychologist's client threat experiences. For the purposes of this research, a client threat is defined as any situation in which a psychologist perceives that their wellbeing is at risk as a direct result of a client's action or inaction.

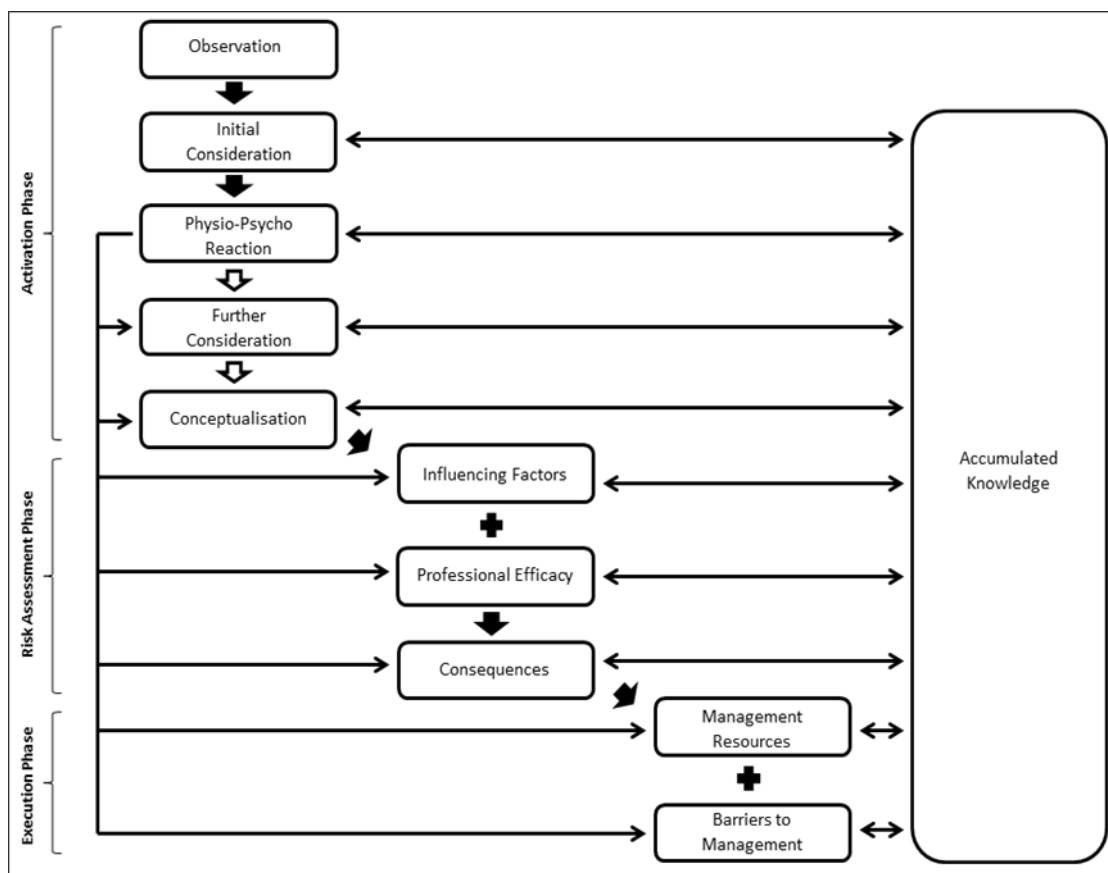


Figure 1. The three phase theory that outlines psychologist's experiences of client threats.

The modified client threat theory is a three phase theory that outlines the process through which psychologists experience client threat situations. As outlined in Figure 1, the theory begins with the activation phase, which involves the observation of a client behaviour, consideration as to whether this behaviour is a possible client threat, and the conceptualisation of the client threat experience. When a client behaviour is considered a potential client threat, the risk assessment phase of the theory is then initiated. This second phase involves psychologists performing multifaceted assessments of both the situational factors and their own professional efficacy in dealing with the situation. When the

psychologists determine that action needs to be taken to manage the client threat, the execution phase of the theory is initiated. This final stage involves psychologists formulating, implementing, and evaluating management strategies and upon the completion of the client threat situation, the experiencing of the subsequent consequences. The client threat theory is based on the perceptions of the psychologist who is experiencing a client threat. The experiencing of a client threat is highly subjective and consequently this theory only accounts for how the individual perceives the situation and how these perceptions influence their subsequent thought processes and actions.

All components of the modified client threat theory, except the psychologists' observations of the clients' behaviour, may be influenced by the psychologists' accumulated knowledge of client threat. This accumulated knowledge is an accrual of information from previous experiences, other's experiences, the literature, formal study, and from other learning such as professional courses they attended. Additionally, the psychologists experiencing each of these components of the theory contributes to their accumulated knowledge of client threats, as they learn from their experiences. In this way, the psychologist's accumulated knowledge is a dynamic component of the theory that evolves in terms of both its composition and influence as the psychologist's progress through the client threat process. This relationship between the psychologists' accumulated knowledge and the components of the modified client threat theory is demonstrated in each of the figures that depict the modified theory.

During all three phases of the modified client threat theory there is the possibility that situational variables or the psychologists' perceptions of the circumstances will change. When this happens, psychologists will be required to consider the influences that these changes have on their client threat experiences. A re-initiation of the phase they are currently in, or a previous phase of the theory, may be required so that that these changes can be taken in to consideration. This option to re-initiate a phase of the theory is demonstrated in each of the figures (Figure 2, 3, and 4) depicting the phases of the modified client threat theory.

The Activation Phase

The activation phase is the initial process that occurs during a client threat experience and, as outlined in Figure 2, begins with psychologists observing clients' physical (for example, slamming a door, throwing an object, or producing a weapon) or verbal (for example, shouting, swearing, and making verbal threats) behaviours. These observations, by the psychologists, are at a sensory level with no cognitive consideration of the client's behaviour. Instead, the cognitive input comes soon after when initial considerations of the client's behaviours are

psychologists undertaking conceptualisations of these client threats. In doing so, the psychologists try to determine who the targets of the threats are (psychologist's person, professional reputation, a college, or family) and the types of threats (physical, sexual, verbal, psychological, financial reputational) that are being experienced. The risk assessment phase of the client threat theory is initiated once these conscious conceptualisations of the client threats have been established.

The Risk Assessment Phase

The risk assessment phase is outlined in Figure 3 and has two distinct assessment processes. Firstly, the psychologists assess the presence and absence of factors that both aggravate and protect against the occurrence of client threats. The psychologists then combine these assessments with evaluations of their own level of professional efficacy in dealing with the situations. In doing so, they consider their level of wisdom, expertise, awareness, information, and the quality of their work practices.

Following this assessment, the psychologists determine the level of risk that the current client threats pose to their wellbeing. Client threats are not simply experienced categorically by psychologists as either being threatening or not, instead client threats fall on a continuum of risk ranging from low to high. Along this continuum each psychologist will have their own threshold for the maximum amount of risk to their wellbeing they are willing to tolerate before they perceive action needs to be taken. There is a vast array of variables that will determine where a psychologist's current threshold falls on the continuum (including organisational influences that may be beyond the control of the psychologist) and this threshold will fluctuate with each new set of variables.

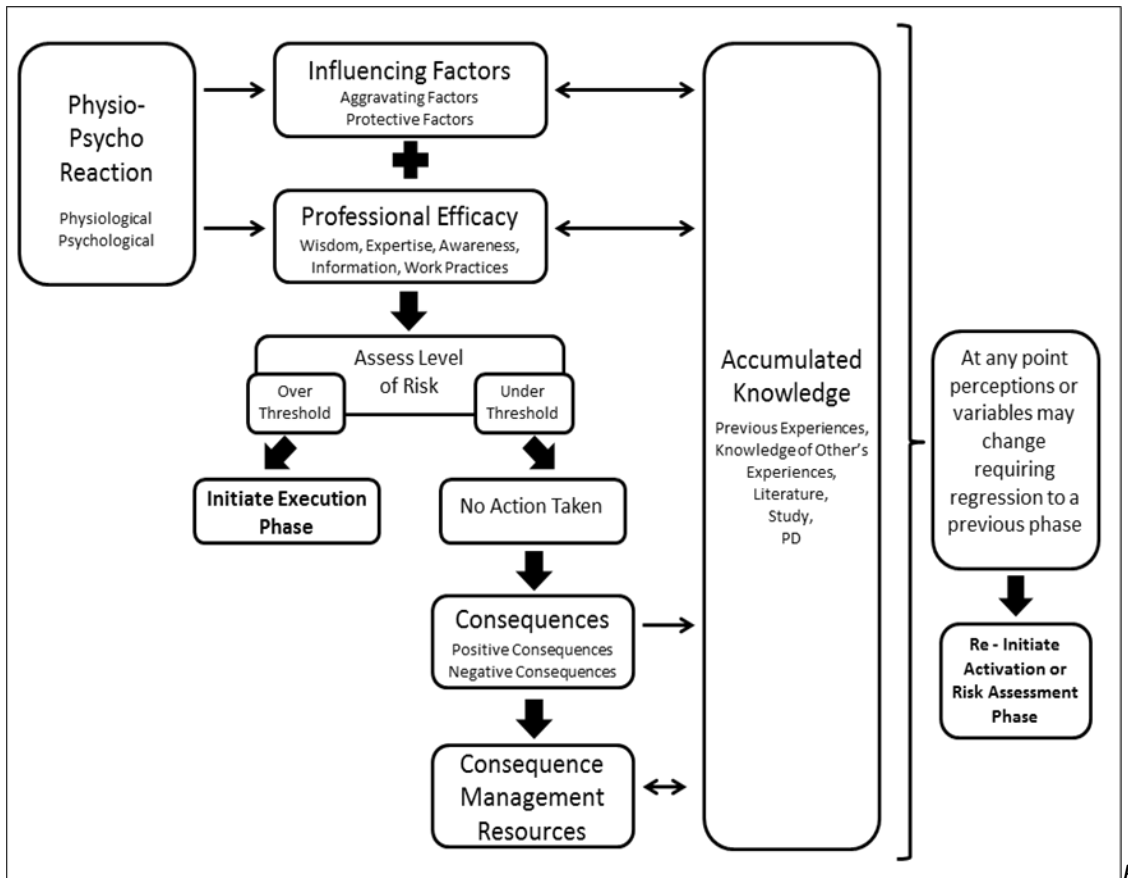


figure 3. The risk assessment phase of the modified client threat theory.

Psychologists will not take action if they decide the level of risk is below their threshold. Inaction on the part of the psychologists does not mean that these threats do not exist but does mean that the psychologists perceive that their client threat situations have ended. At this perceived conclusion, consequences will be experienced by the psychologists either as a result of their client threat experiences or their decisions not to take action. The psychologists can begin to manage these positive and/or negative consequences through the implementation of available consequence management resources. Conversely, psychologists will take action, and therefore initiate the execution phase of the theory, if the level of risk posed by the current client threats are over their thresholds.

The Execution Phase

The activation phase of the modified client threat theory is outlined in Figure 4, and begins with the psychologists planning the management strategy that they perceive will lead to their desired objectives being achieved. These desired objective will vary for each psychologist, some may want a reduction in the level of risk that the client poses to an acceptable level, others may want the neutralisation of this risk altogether. During the planning stage, the psychologists consider the management resources that are available to them and any barriers that will hinder the implementation or effectiveness of these

management strategies. The psychologists then implement their conceived management strategies.

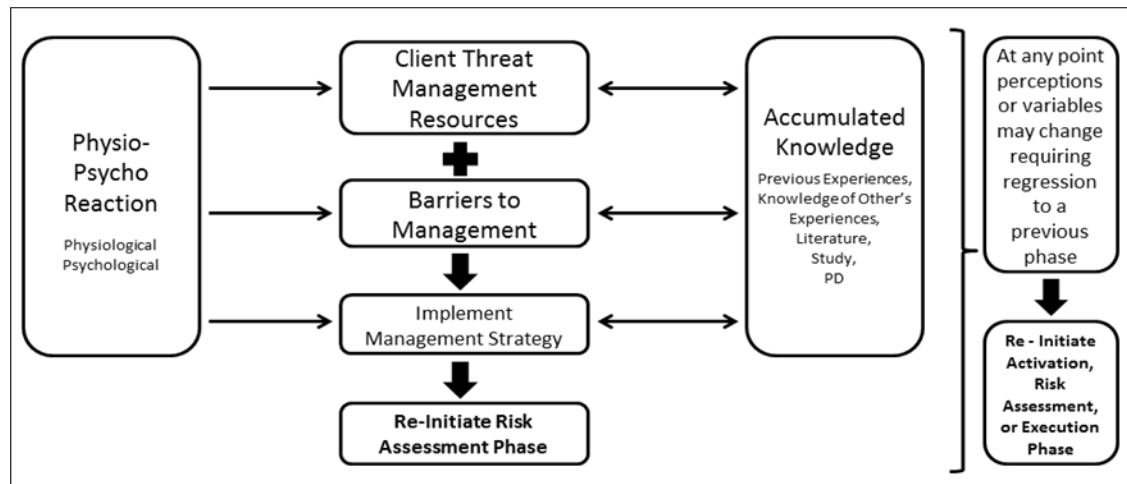


Figure 4. The execution phase of the modified client threat theory.

The outcomes of these management actions are then evaluated by the psychologists through the re-initiation of the risk assessment phase. The execution phase is repeated until an implemented management strategy leads to a re-assessment that the current client threats no longer poses a level of risk that is over the psychologists' threshold.

The Feedback Loops

Some threatening situations are experienced soon after the observation of a client's behaviour and in these instances the three phases of the theory are worked through in quick succession; however, there are also more drawn out experiences of client threat which result in the progression through the phases of this theory being slowed and occurring over an extended period. The client threat theory accounts for this slowed progression through the client threat process by allowing for sections of the process to be repeated in response to changes in either situational variables or the psychologists' perception of the circumstances. This ability to repeat aspects of the client threat process are due to the presence of feedback loops within the client threat theory. As shown in Figure 5, within the three phases, the experiencing of any component can lead that phase re-initiating. Between the phases, the experiencing of any of the components can also lead to the re-initiation of the previous phase of the theory.

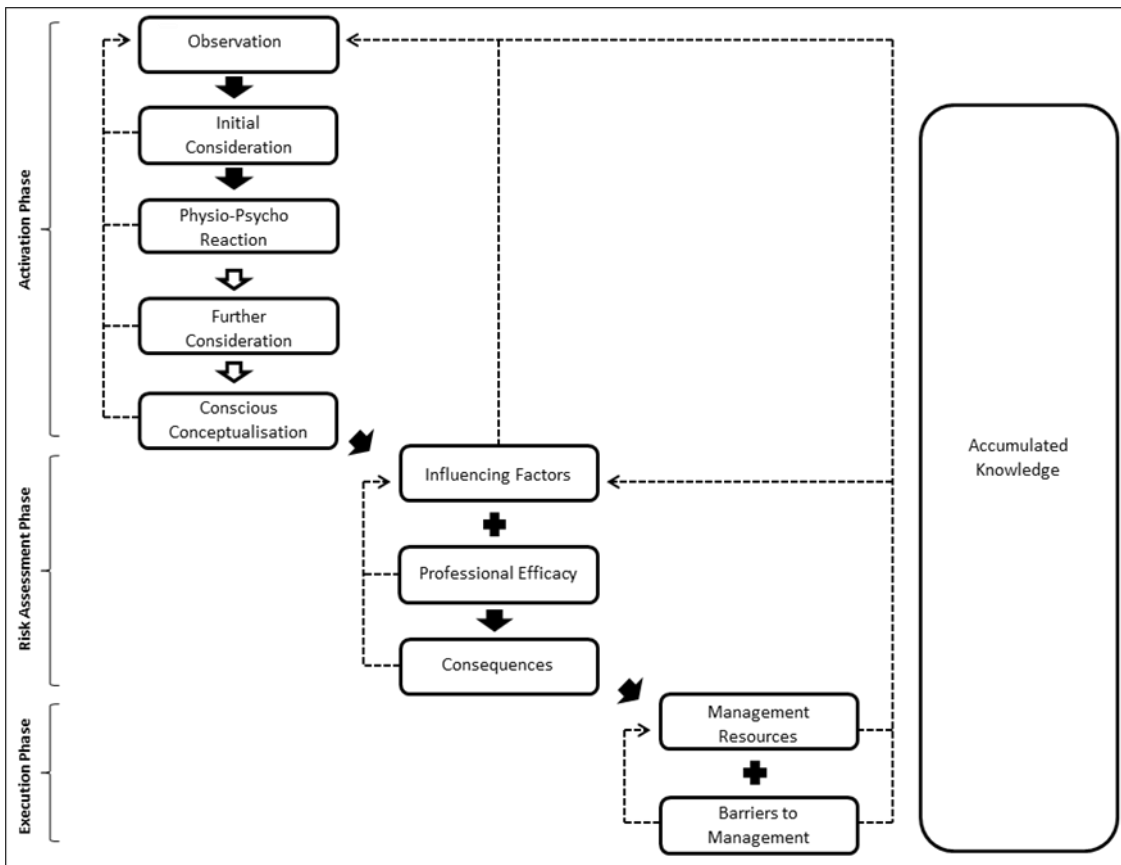


Figure 5. The feedback loop that occurs within the modified theory of client threats.

Appendix R

Agreement Rating Delphi Questionnaire

Agreement Rating for the Modified Client Threat Theory



The following questionnaire is designed to determine your agreement rating for all phases of the modified client threat theory and for the theory as a whole. Please indicate your rate of agreement for each of the questions below by highlighting a number on the scale that corresponds most accurately with your opinion.

1. Please highlight on the scale below the degree to which you agree that the **Activation Phase** of the modified client threat theory exemplifies psychologists' experiences of client threats:

0	1	2	3	4	5	6
Fully Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Mostly Agree	Fully Agree

If the **Activation Phase** of the theory fails to fully exemplify psychologist's experiences of client threats, please provide an explanation as to why this is the case:

2. Please highlight on the scale below the degree to which you agree that the **Risk Assessment Phase** of the modified client threat theory exemplifies psychologists' experiences of client threats:

0	1	2	3	4	5	6
Fully Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Mostly Agree	Fully Agree

If the **Risk Assessment Phase** of the theory fails to fully exemplify psychologists' experiences of client threats, please provide an explanation as to why this is the case:

3. Please highlight on the scale below the degree to which you agree that the **Execution Phase** of the modified client threat theory exemplifies psychologists' experiences of client threats:

0	1	2	3	4	5	6
Fully Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Mostly Agree	Fully Agree

If the **Execution Phase** of the theory fails to fully exemplify psychologists' experiences of client threats, please provide an explanation as to why this is the case:

--

4. Please highlight on the scale below the degree to which you agree that the **Modified Client Threat Theory as a Whole** exemplifies psychologists' experiences of client threats:

0	1	2	3	4	5	6
Fully Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Mostly Agree	Fully Agree

If the **Client Threat Theory as a Whole** does not fully exemplify psychologists' experiences of client threats, please provide an explanation as to why this is the case:

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Appendix S

Illustrative Summary of the Client Threat Theory before the First Round of Feedback

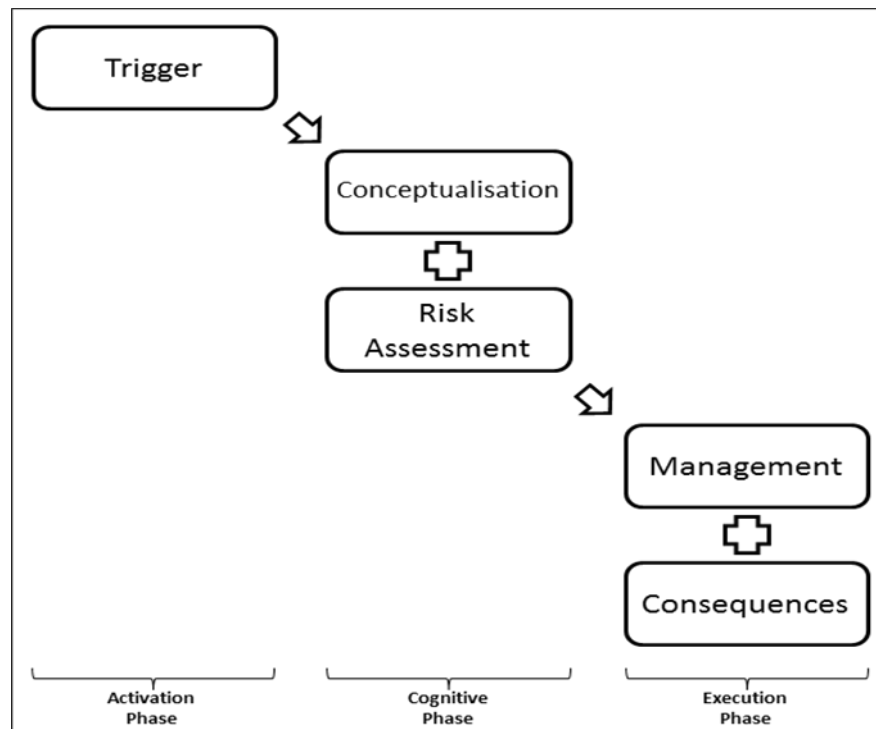


Figure Q1. An overview of the client threat theory before the first round of panel feedback

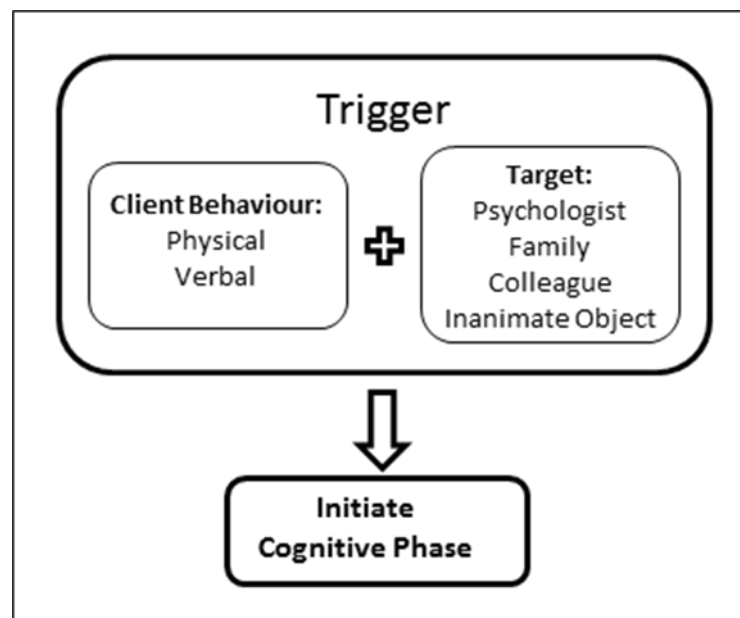


Figure Q2. The activation phase of the client threat theory before the first round of panel feedback

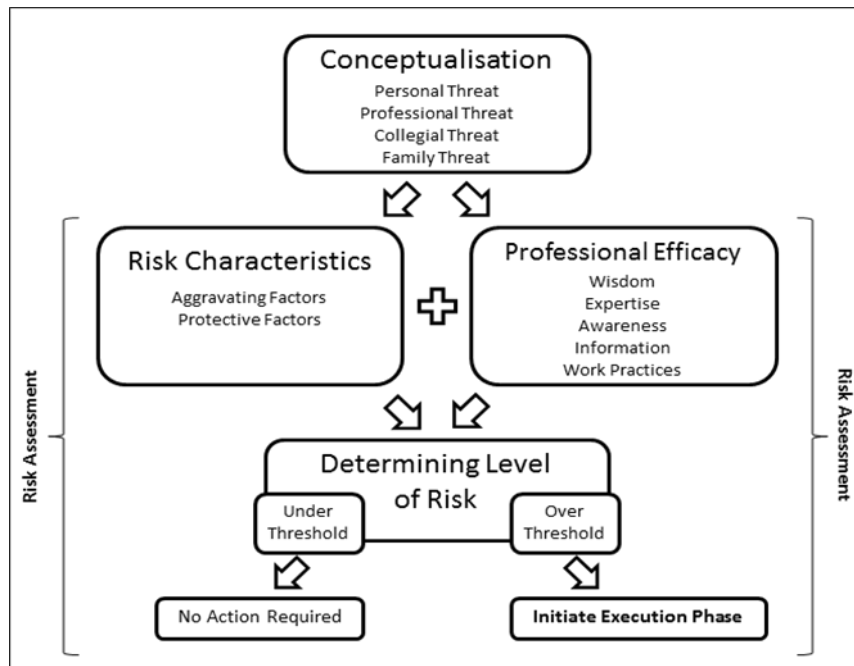


Figure Q3. The cognitive phase of the client threat theory before the first round of panel feedback

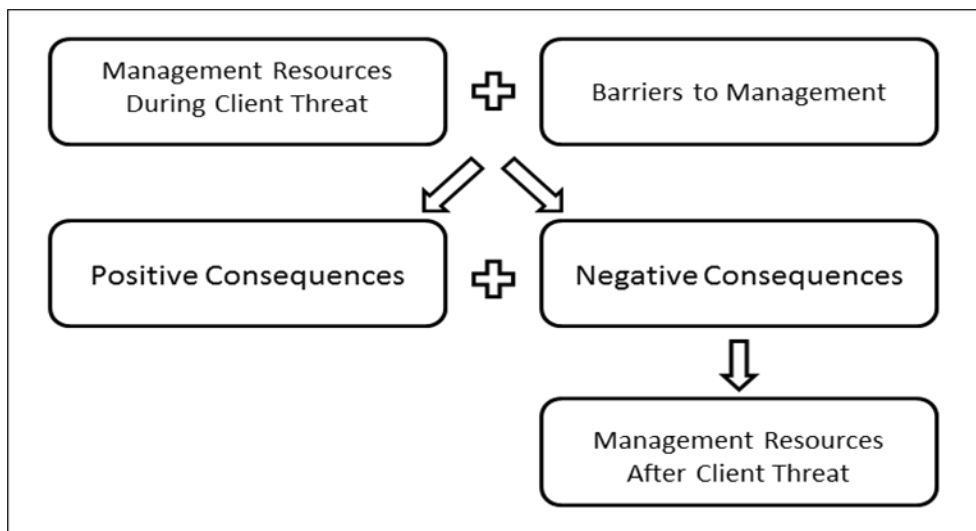


Figure Q4. The execution phase of the client threat theory before the first round of panel feedback

Appendix T

Illustrative Summary of the Client Threat Theory after the First Round of Feedback

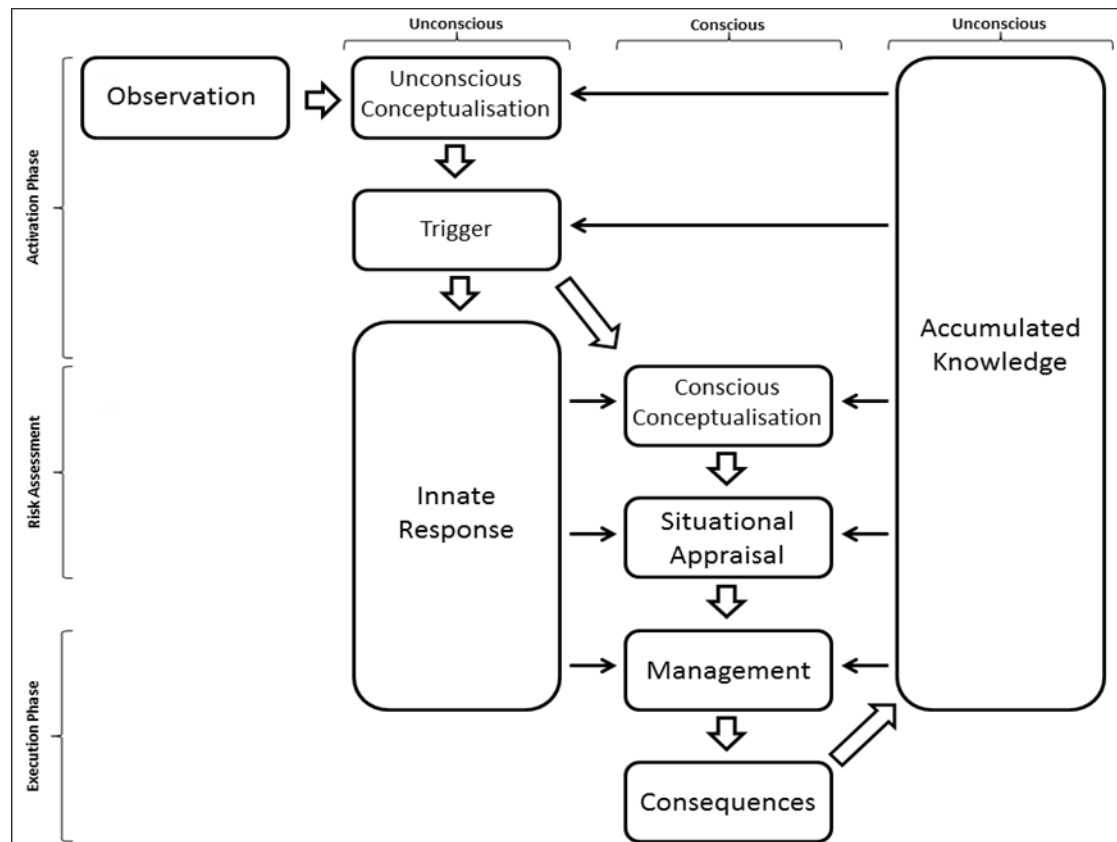


Figure R1. An overview of the client threat theory after the first round of panel feedback

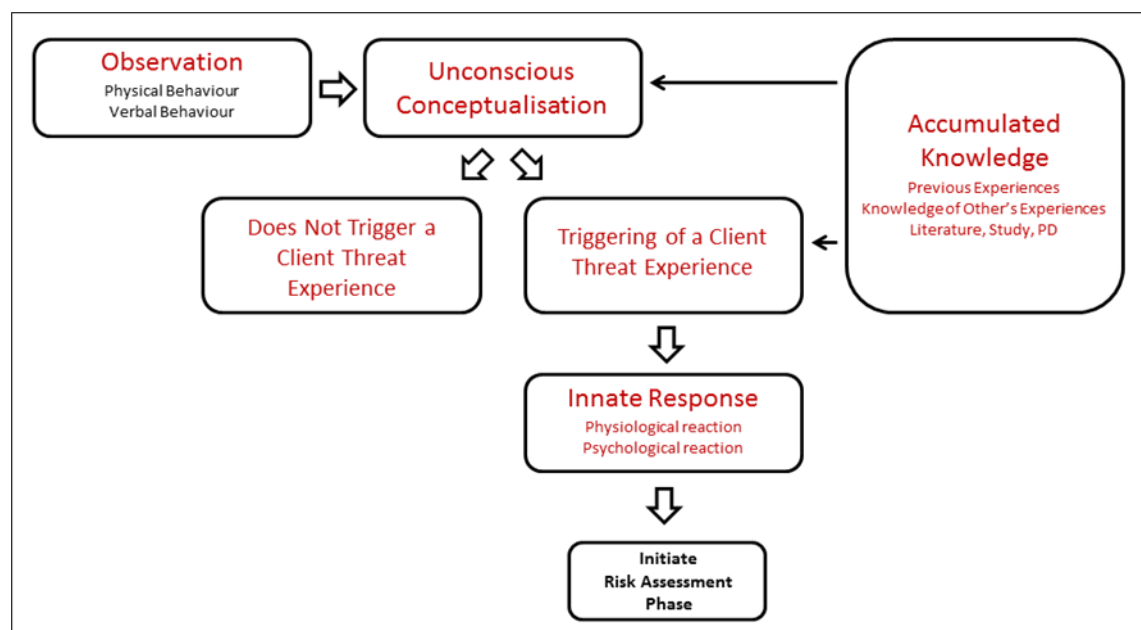


Figure R2. The activation phase of the client threat theory after the first round of panel feedback

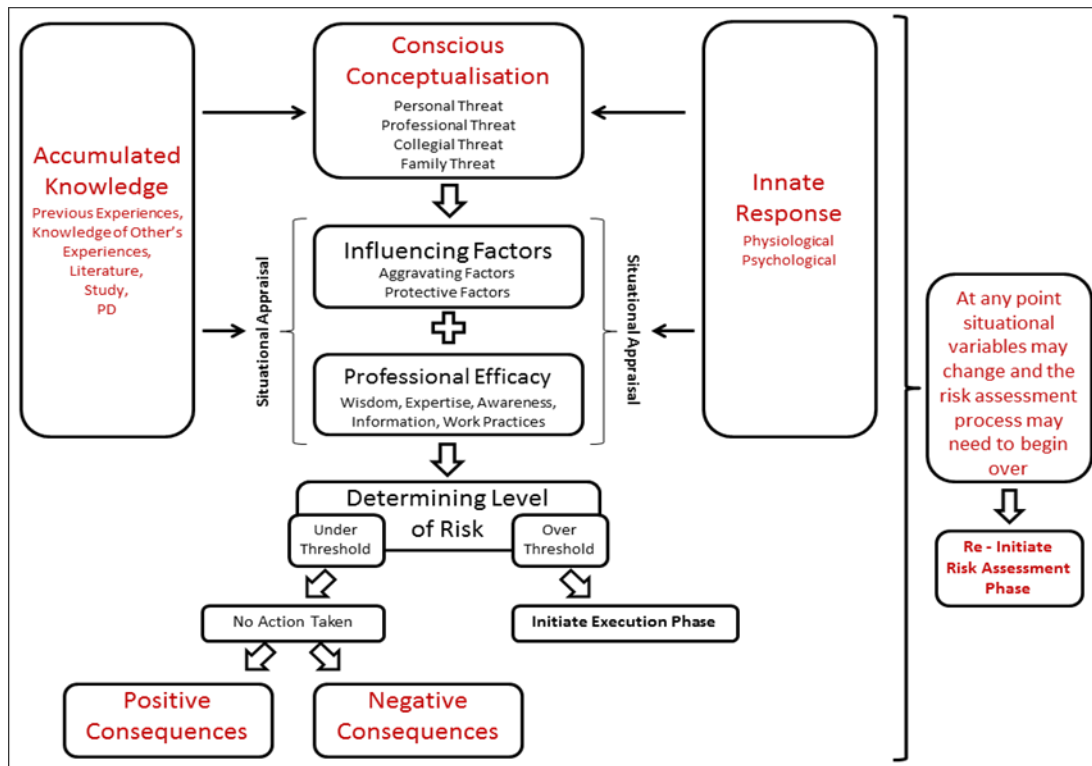


Figure R3. The risk assessment phase of the client threat theory after the first round of panel feedback

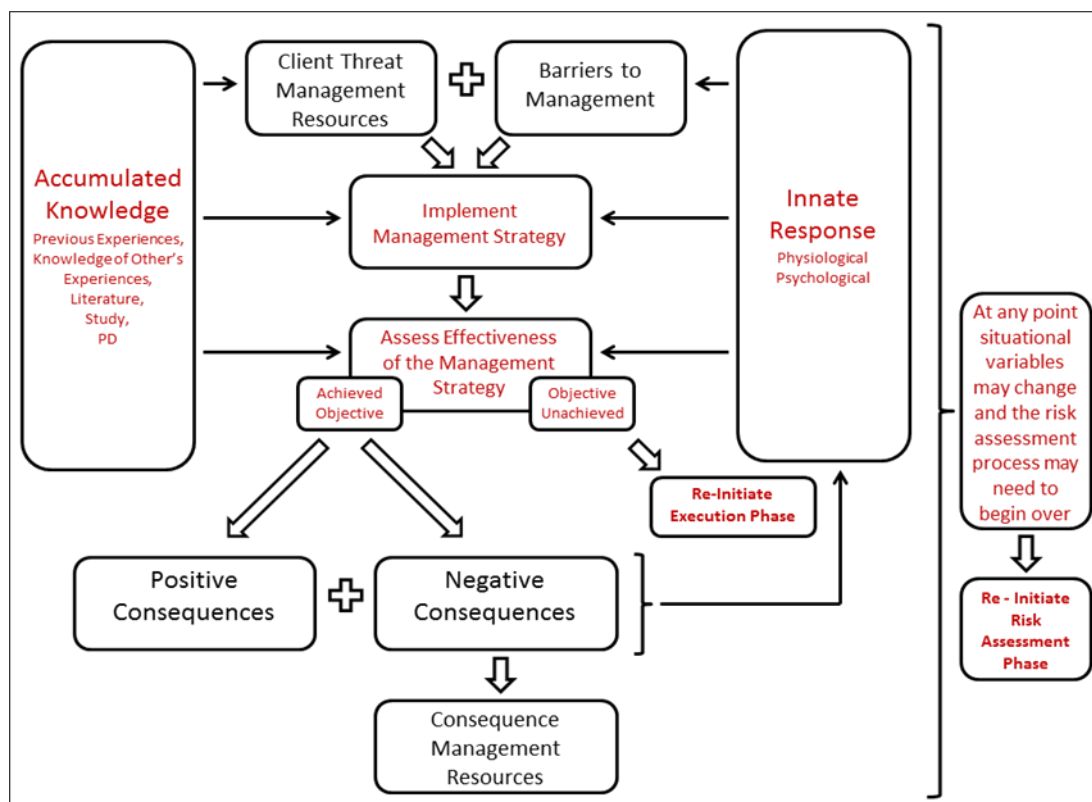


Figure R4. The execution phase of the client threat theory after the first round of panel feedback

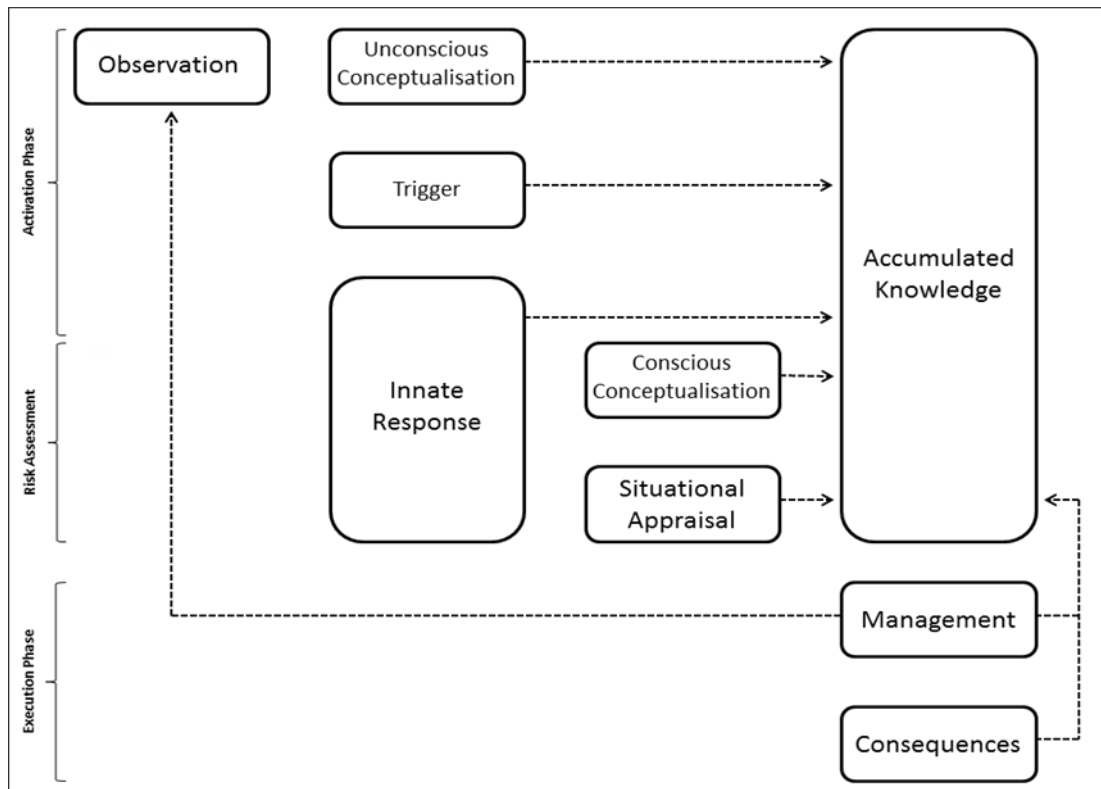


Figure R5. The feedback loops that occur within the client threat theory after the first round of panel feedback

Appendix U

Illustrative Summary of the Client Threat Theory after the Second Round of Feedback

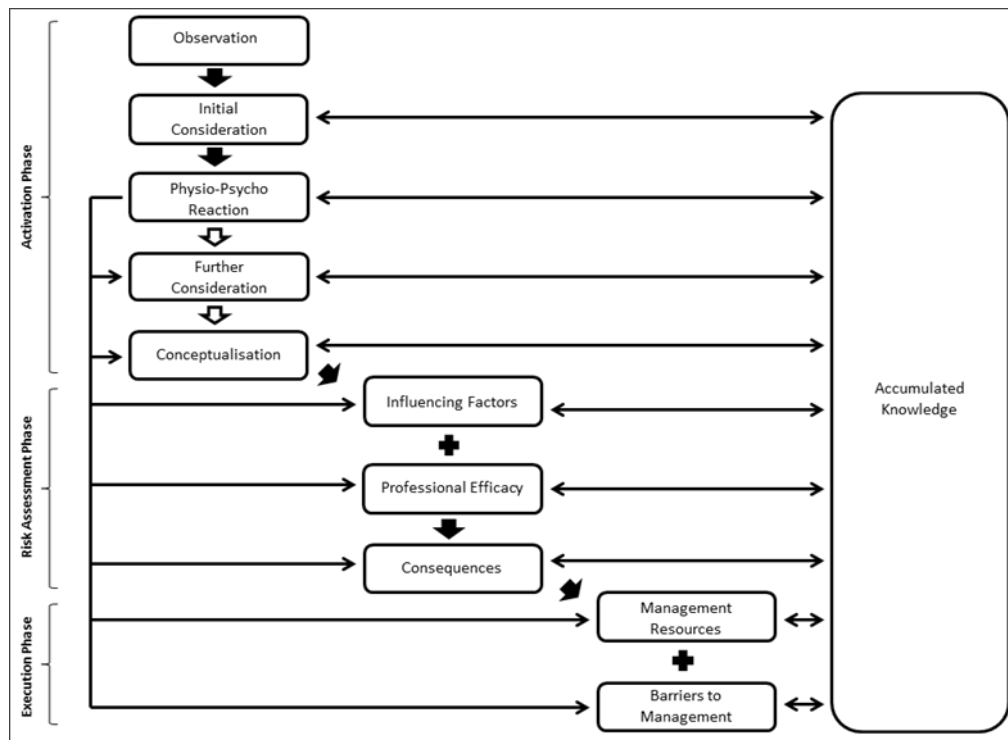


Figure S1. An overview of the client threat theory after the second round of panel feedback

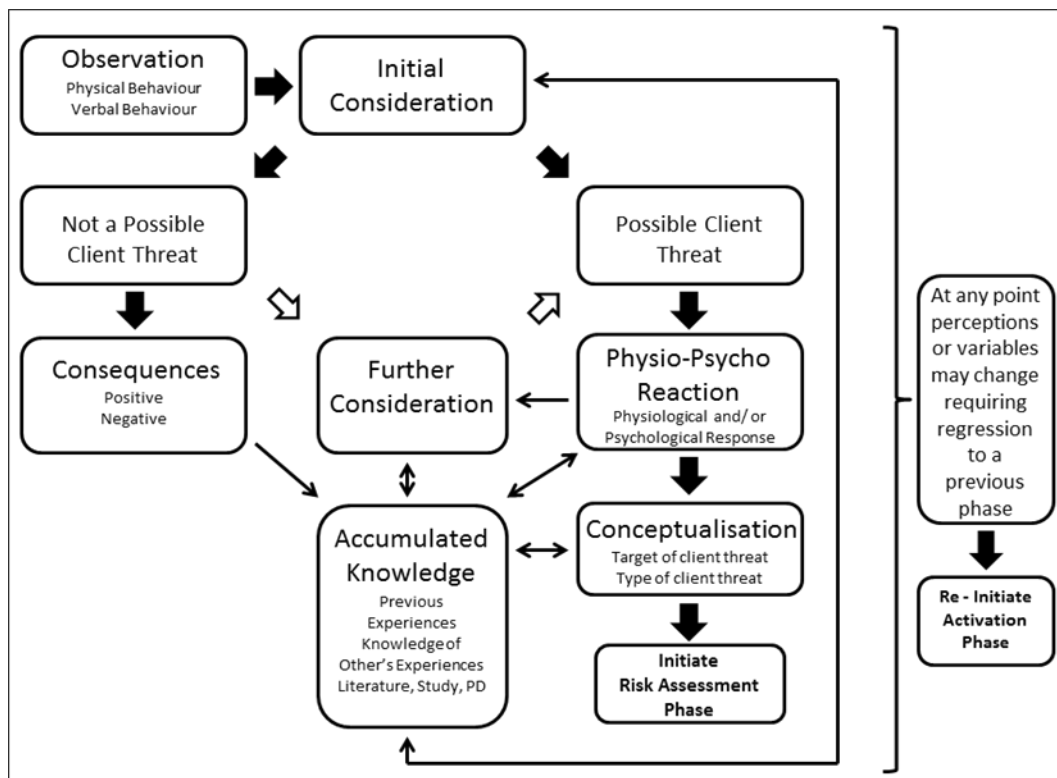


Figure S2. The activation phase of the client threat theory after the second round of panel feedback

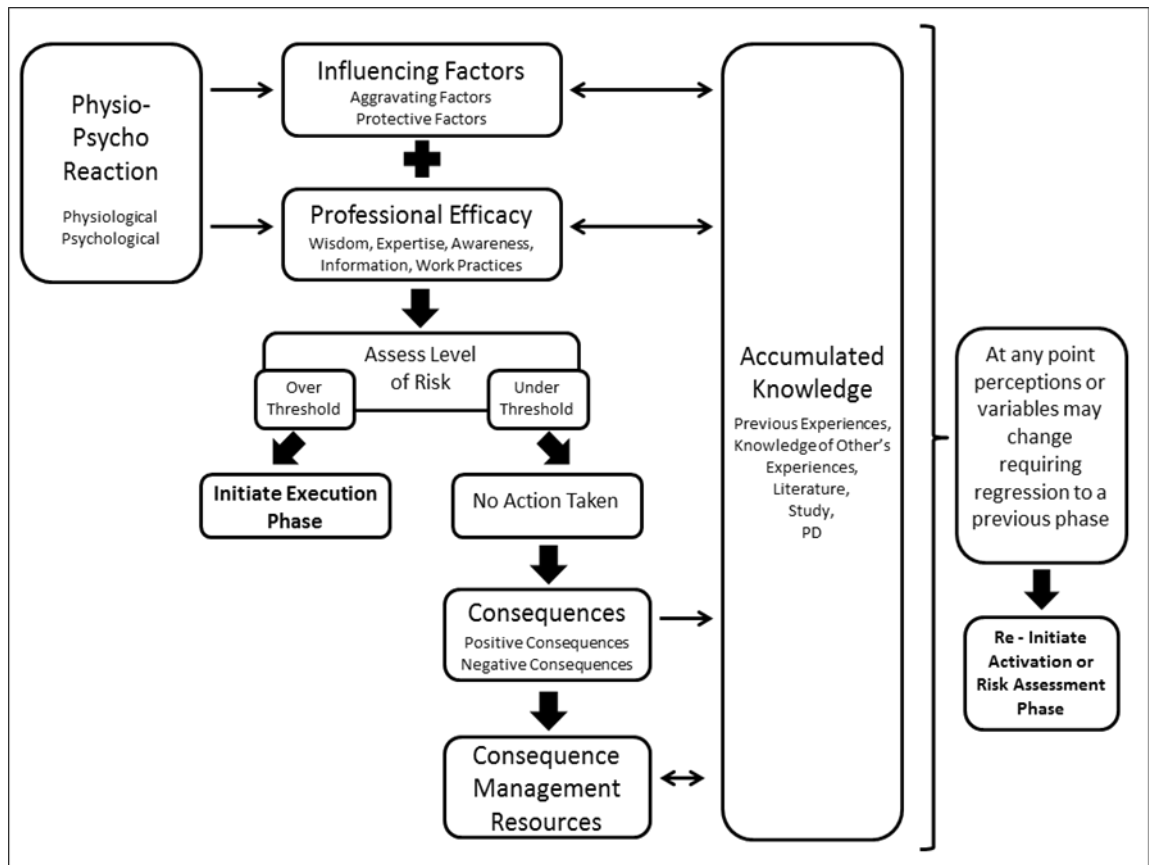


Figure S3. The risk assessment phase of the client threat theory after the second round of panel feedback

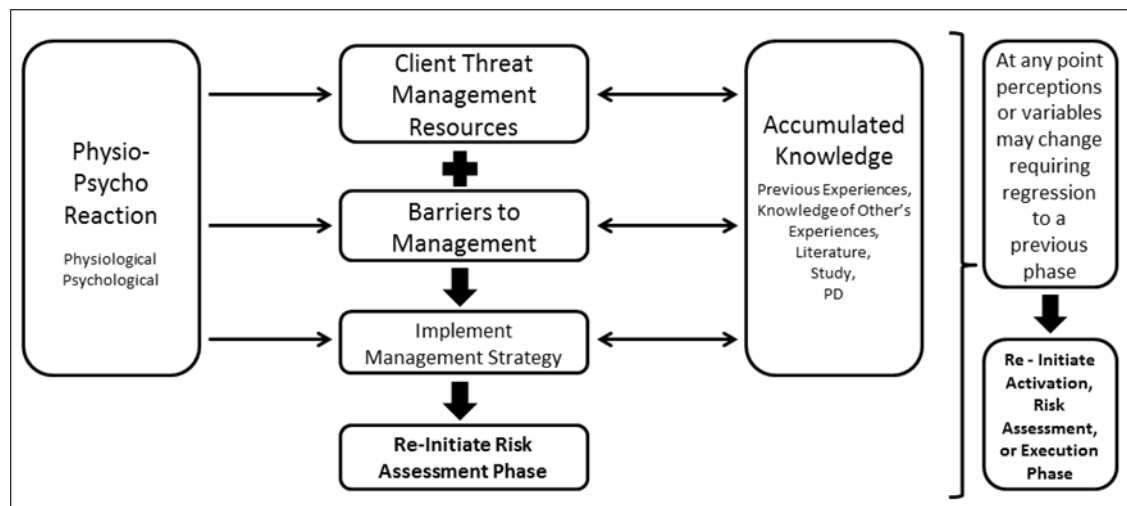


Figure S4. The execution phase of the client threat theory after the second round of panel feedback

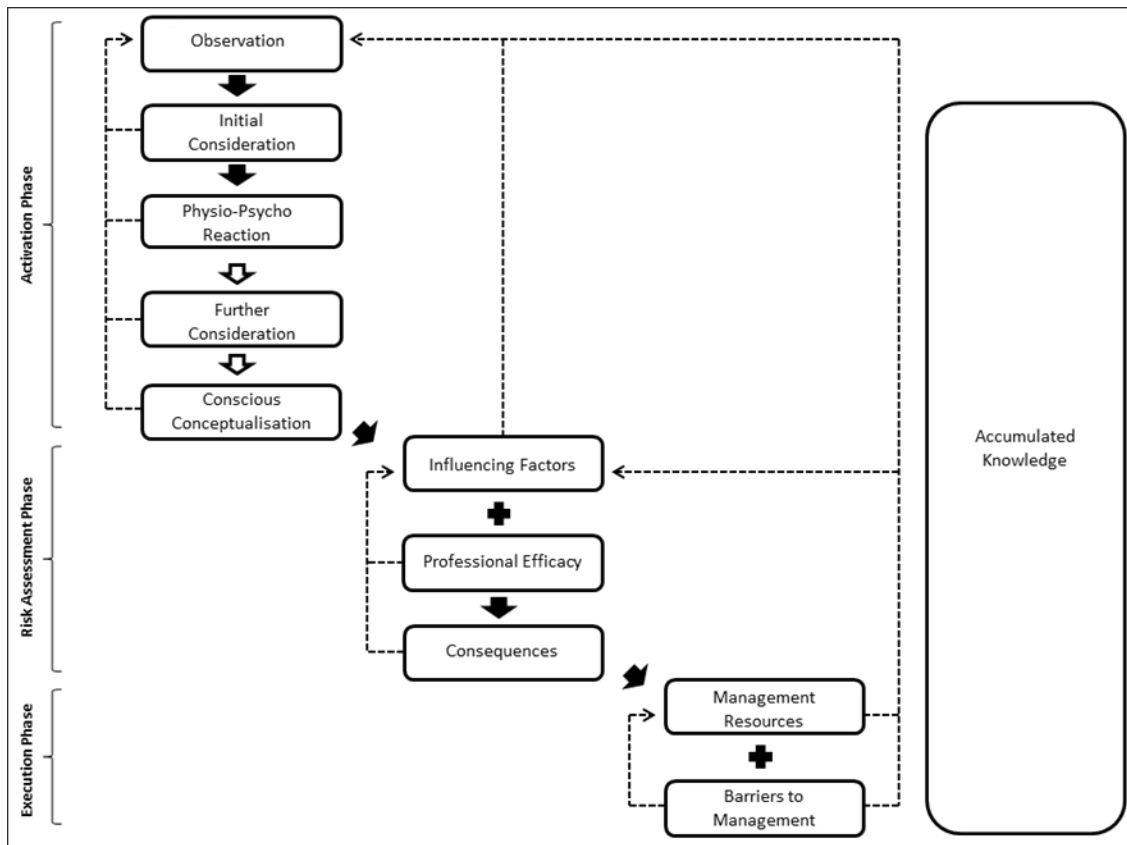


Figure S5. The feedback loops that occur within the client threat theory after the second round of panel feedback

Appendix V

Illustrative Summary of the Client Threat Theory after the Third Round of Feedback

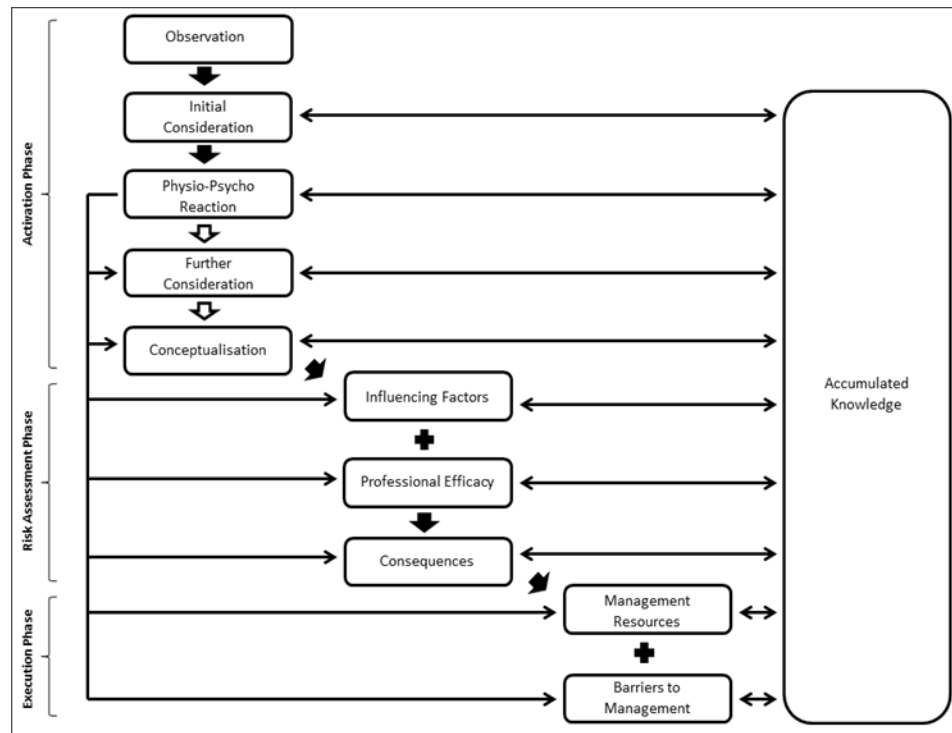


Figure T1. An overview of the client threat theory after the third round of panel feedback

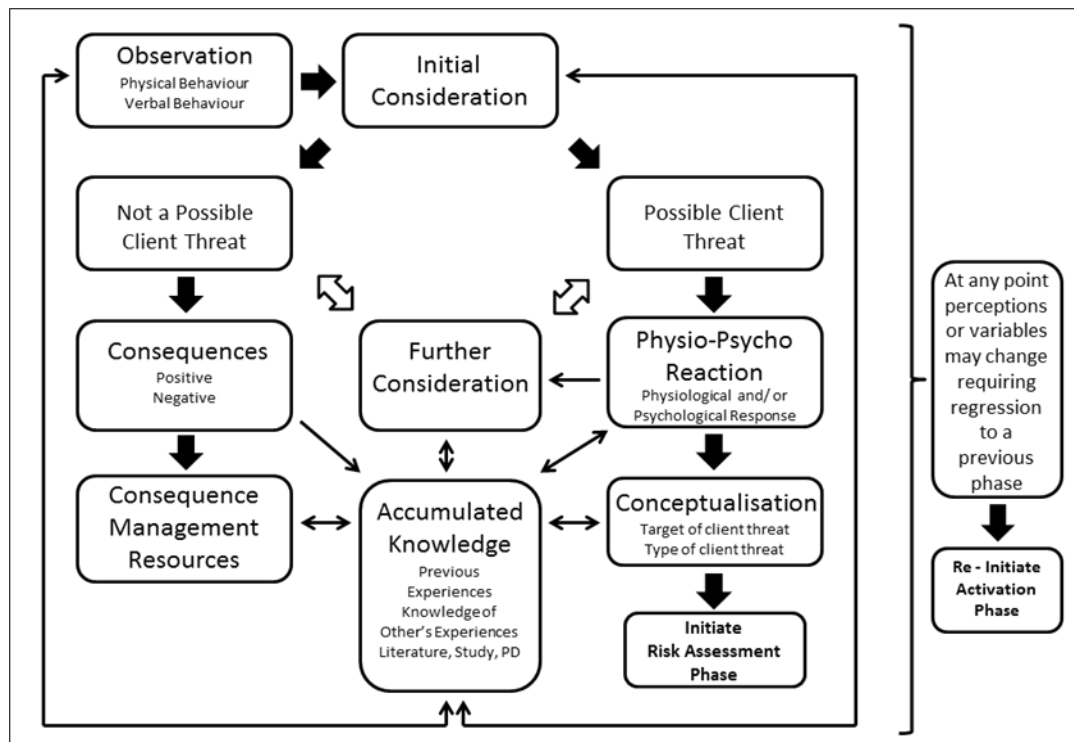


Figure T2. The activation phase of the client threat theory after the third round of panel feedback

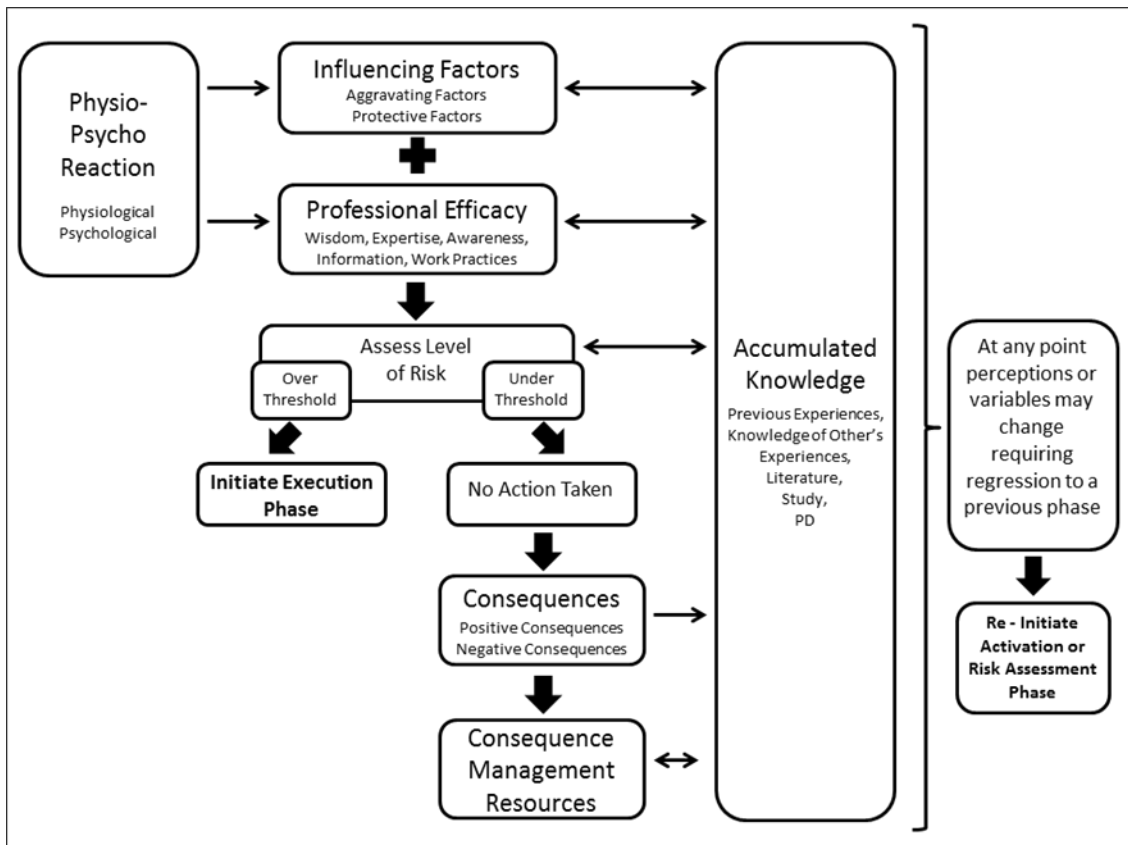


Figure T3. The risk assessment phase of the client threat theory after the third round of panel feedback

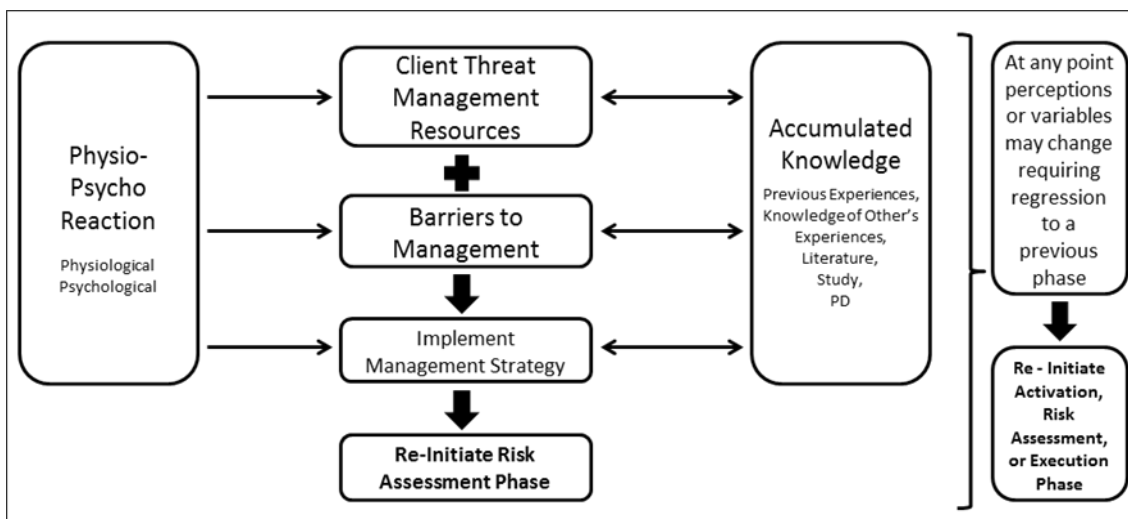


Figure T4. The execution phase of the client threat theory after the third round of panel feedback

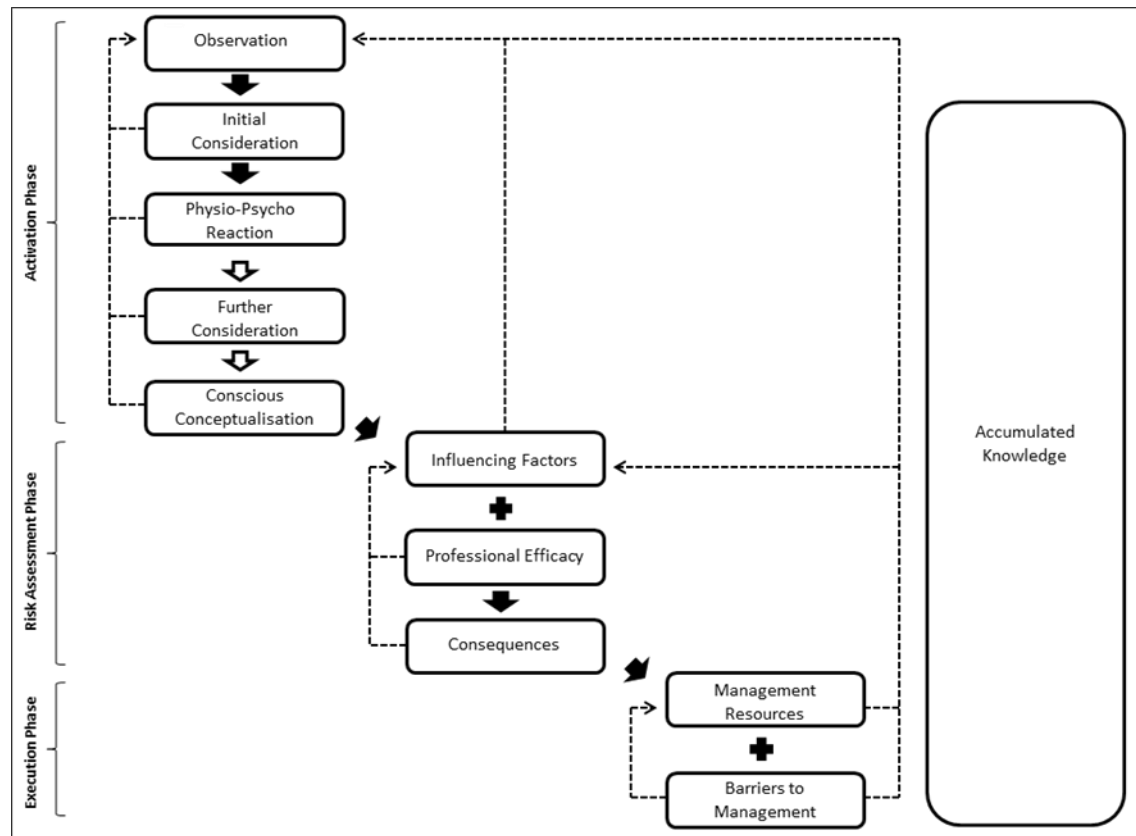


Figure T5. The feedback loops that occur within the client threat theory after the third round of panel feedback